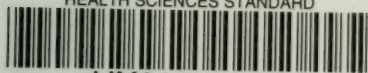


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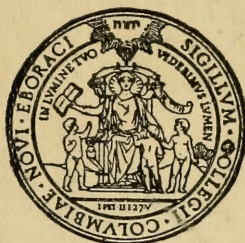
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AN INDEX OF SYMPTOMS

AN INDEX OF SYMPTOMS

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CLASSIFICATION OF SYMPTOMS.

SUBJECTIVE

HISTORICAL

SUBJECTIVE SYMPTOMS.—Those that appeal to the senses of the patient.					OBJECTIVE				
Onset									
Duration									
Heredit									

SUBJECTIVE SYMPTOMS.—Those that appeal to the senses of the patient.

Sensory		Motor		Visual		Auditory		Olfactory		Gustatory		Psychic	
Passive	Induced	Passive	Induced	Passive	Induced	Passive	Induced	Passive	Induced	Passive	Induced	Passive	Induced
Anes-	Trochanter	Paralysis.	Chloro-	Diplopia.	Garel's	Deafness.	Tuning	Anosmia.	Smelling	Ageusia.	Taste	Amnesia.	Hypnotic
thesia.	tap.	form	form	Wavy-	sign.	Tinnitus.	Fork	Parosmia.	tests.	Cacogeusia.	tests.	Aprosexia.	sugges-
Formica-	Bastedo's	flaccidity.	flaccidity.	glimmer.	glimmer.		tests.						tion.

OBJECTIVE SYMPTOMS.—Those that appeal to the senses of the observer.

Sensory		Visual		Auditory		Olfactory		Psychic	
Passive	Induced	Passive	Induced	Passive	Induced	Passive	Induced	Passive	Induced
Thrill.	Fracture-	Tuber-	Tuber-	Coughs.	Percussion	Odorous	Odorous	Delirium.	Delirium.
Palpation	crepitus.	culin	culin	Ausculta-	signs.	breath or	breath or	Habitude.	Habitude.
signs.	Impulse on	tests.	tests.	tion signs.	Otoscope.	urine.	urine.	Evoked	Evoked
coughing.	coughing.	Reflexes.	Reflexes.					Delusions.	Delusions.

In classifying a symptom, the order taken should be from the particular to the general. Thus, while Agoraphobia is a passive psychical subjective symptom, Succession Sound is an induced auditory objective symptom. (See 11A.)

AN
INDEX OF SYMPTOMS

WITH DIAGNOSTIC METHODS

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BY

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LATE ASSISTANT-PHYSICIAN TO THE EAST LONDON CHILDREN'S HOSPITAL

AUTHOR OF 'TABULAR DIAGNOSIS,' 'A POCKET-BOOK OF TREATMENT'

'SYMPHONAGE IN THE LARGE INTESTINE,' ETC.

Nihil humani a me alienum puto

FIFTH EDITION

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PREFACE

TO

THE FIFTH EDITION

THE present edition contains a large number of new symptoms and many new tests, while the interlineary notes have been much amplified. Further, an attempt has been made to devise a scientific classification of symptoms. The increase in matter has involved an increase in bulk, so that it is no longer a pocket book, but a book for the desk.

The author is gratified to find his work so much in use by all classes, from the clinical clerk to the clinical lecturer. It is not always that pioneer work meets with prompt recognition.

R. W. L.

36 EBURY ST., EATON SQ.
LONDON, S.W.

PREFACE

TO

THE FIRST EDITION

(*Abridged*)

THE physician, in endeavouring to make a diagnosis, seizes first upon a few prominent features, which will enable him to say that the disease is one, of, perhaps, a dozen. He then looks carefully for further symptoms, and these, by a process of exclusion, gradually point to but one ailment. Should he find himself at fault, and conclude that no disease with which he is familiar is consistent with the particular grouping of symptoms in the case before him, he naturally refers to his books. Here he meets with a fresh difficulty ; for, in his text-books of medicine, in his Dictionary of Medicine, and even in his Handbook of Diagnosis, he finds, with rare exceptions, that *diseases, not symptoms, form the headings* ; the order being therefore the exact reverse of that which takes place in his own brain. He has consequently to wade through page after page and book after book before he succeeds, or is satisfied that he has failed, in the object of his search. But in the present work *the symptom forms the heading*, and the diseases in which that symptom occurs are placed under it. A mere glance, therefore, will often furnish the missing clue.

It must not be supposed that each symptom is met with constantly in all the diseases placed after it. The author's presumption is that the physician in a difficulty is asking the question, 'To what disease or condition *may* this symptom point ?' An attempt has been made to indicate in some measure the relative frequency of occurrence, and by other information to assist in differential diagnosis. The word 'symptom,' it is scarcely necessary to say, is taken in its broadest sense, and includes every factor in the diagnosis.

R. W. L.

LONDON.

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AN INDEX OF SYMPTOMS

INTRODUCTION

DIAGNOSIS is the most difficult part of the art of Medicine, and he who would excel in it must be well equipped both intellectually and physically. His ear must appreciate the finest distinctions of sound in intensity, pitch, and tempo ; his eye must note every variation in outline, movement, and colour ; his sense of touch must distinguish every little difference of surface and form, and even his sense of smell must be well developed. Further, in addition to the natural employment of his senses, he must be skilled in the use of the various instruments and devices which have been introduced for the extension of their scope. On the intellectual side, his powers of judgment and comparison must be considerable ; for it is not only by a knowledge of all the symptoms of a given disease that a correct diagnosis is made ; it is necessary also to apportion due weight and value to each symptom. But there is still another faculty, the possession of which is indispensable to the physician who would deal successfully with a new problem or a new combination. This, the mind's eye, will enable him to form a clear mental picture of the various parts and organs of the body, not as he sees them in the dissecting-room or the post-mortem theatre, but as they are in life with all their functions, their movements, and their interdependence. Operations give some idea of these ; but the lesson is marred by the paralysing effect of the anæsthetic. What a difference must Life make to our idea of the thorax and its contents—

the expansion and shrinking of the lungs, the rising and falling of the diaphragm and of the ribs, the mighty contractions of the heart! How marvellous, too, must appear the harmonious co-ordination of the many muscles used in a complex voluntary act—some slightly, some moderately, and some fully contracted! What a contrast there must be between the flabby colon of the post-mortem room and the same organ shortened, thickened, and stiffened by the tonic contraction of its muscular bands. It is this power of visualising that makes the brilliant clinician.

To complete the equipment of the ideal diagnostician, something resembling legal acumen should be added, by the aid of which the statements of the patient and those of his friends may be so sifted that only the truth remains. A good rule is to ask no leading questions, for in this way the fallacy of 'suggestion' may be avoided; but with stupid people it is not always possible to avoid framing a question so as to get 'yes' or 'no' for an answer—at least not without much loss of time.

2. Classification of Patients.—Patients in this connection may be classified into four divisions: the pessimistic, the optimistic, the complaisant, and the mendacious. The Pessimistic Patient is usually either hysterical or 'liverish.' The former will speak with a cheerful countenance of agony endured; the latter, like Rachel, refuses to be comforted. The Optimist is perhaps still more misleading, for he commonly fails to mention more than half his complaints and passes lightly over the others; the statements of such patients should be checked by the results of a private interview with the nearest relation. The Complaisant Patient is one who, instead of the correct answer, gives that which he imagines is in the mind of the questioner. Is it a libel to say that he usually hails from the Emerald Isle? The Mendacious Patient is found chiefly in hospital practice. Unlike the malingerer and the fraudulent claimant for compensation, he is not wilfully untruthful; but by dint of exaggeration, misrepresentation, and omission, he often ends in being very misleading. Especially to be mistrusted in his statements of the views and diagnosis of the previous medical attendant. This should always be listened to with discreet silence. These, then, are some of the Fallacies of Diagnosis; but there are others:—

3. The Fallacy of Suggestion.—If it be true that suggestion can remove pain, it is no less true that it is capable of creating not only pain, but other nervous symptoms. To ask a neurotic patient day after day if a given pain or spasm have extended to another part, is just the way to make it do so.

4. The Fallacy of Antecedent Disease.—This is most likely to arise in a case of coma, or when the patient is otherwise unable to speak. An old facial paralysis or squint in the subject of alcoholic coma would be very liable to lead to a diagnosis of apoplexy.

5. The Fallacy of Concurrent Disease.—An instance of this may be found when a chronic disease is mistaken for an acute one, owing to its association with simple tonsillitis or other unimportant condition involving a rise of temperature. I have known a clear case of gout diagnosed as gonorrhœal rheumatism because a urethral discharge was present. It is not to be expected that gonorrhœa would confer immunity from gout.

6. The Fallacy of Obsession.—It is very curious to notice that when a practitioner's mind is full of a certain disease—whether by a recent personal experience, a striking instance of a rare disease in his own practice, or even a noticeable discussion upon a given disease in the medical papers—a run of such cases is likely to follow even when there is no question of infection. Coincidence might account for a second case, but not a third or a fourth. The fact is, the diagnosis is faulty, and the fault is due to obsession. Appendicitis is very much in our thoughts just now, and I believe many abdominal affections are erroneously diagnosed as such by reason of this obsession. Again, when influenza was so rife, any acute disease beginning with pain in the head and limbs and shivering was liable to be attributed to it, much to the after discomfiture of the physician when the nature of the case became clear. This is the fallacy that besets the specialist, who is much too prone to find only his own speciality in the case before him. The point is of all the more importance because, owing to the unwieldiness of Modern Medicine, the time is rapidly coming when almost every doctor will be a specialist, and wide knowledge of Medicine will be rarely met with. The consultant will then be a sort of glorified general practitioner, who will collate and pronounce upon the findings of the specialists.

7. The Fallacy of Perspective.—This is of two kinds. That of the old general practitioner lies in the assumption that his patient is the subject of some common disorder; that of the advanced student and the junior consultant, that the patient is the subject of a rare disease. Hospitals are centres for rare diseases, and the one class sees too few, the other too many of them.

8. The Fallacy of Variations within the Normal.—A whole book might be written on this subject. Pathognomonic symptoms are exceedingly rare, and it may be affirmed as a general proposition, that any variation which is absolutely unsupported by other evidence pointing to disease must be considered either normal or accidental. The usual formula with the laity is that such and such a peculiarity is constitutional. Many individuals go through life with a slow pulse, a furred or fissured tongue, or contracted pupils, and are none the worse for these variations, while others show hyaline casts or present some solitary physical sign of no significance.

9. The Fallacy of the Personal Equation.—This is of two kinds: that of the physician and that of the patient. The latter has been already dealt with in the paragraph on the classification of patients. The temperament of the doctor is apt to affect his diagnosis. While the cheery optimist refuses to believe until perhaps too late that his patient is the subject of a grave disease, the dismal doctor harrows unnecessarily the friends' feeling by his gloomy fears. Not only so, but even the same doctor, bright and fresh in the morning, may feel none of the forebodings which hampered his judgment when tired out and hungry overnight.

10. The Fallacy of Transferred Pain.—This is a common source of error. Where it depends upon well-known physiological laws, as in the case of pain in the knee in hip-joint disease, the difficulty is small; but in other cases, such as the pain in the shoulder which occurs in disease of the colon, and still more when the pain and even the tenderness are referred to the *opposite* side, the difficulty, in the absence of objective symptoms, may be insurmountable. (See 153, 325.)

11. The Fallacy of Malingering.—The Maligner belongs chiefly to the uneducated classes, and the master-key to his detection lies in the fact that *he is unable to think of two things at the same time*. For instance, the writer, who has a large

experience of these cases, found out that a man he was examining was a red-hot politician, and mistrusting the cries with which he rent the air when a certain part of his back was lightly touched, proceeded to vilify the man's political party. Then, taking advantage of his excitement, and exclaiming, 'Don't excite yourself,' he emphasised the remark with a sounding slap on the same spot. The man took no notice ! In practice it will often be found advantageous, while ostensibly examining one organ, to watch furtively another. A large number of notes bearing on the subject will be found scattered through this work.

11a. Classification of Symptoms.—Hitherto, the only successful classification has been the division into Subjective and Objective Symptoms. This is admirable as far as it goes, but it does not go far enough. It is true that there is the subclass, Physical Signs ; though why signs elicited by the thermometer and sphygmometer, which have at least an equal right to the title, are excluded from the group is not clear. Classification according to the organ affected is also illogical, for the symptom cannot be classed until a diagnosis has been made ; *dyspnœa* for instance would be termed a lung symptom ; but after examination it might easily prove to be a blood symptom or a heart symptom. Moreover, one organ cannot be affected very long without involving others.

Until its elements have been duly classified, Semeiology can have no claim to be regarded as one of the Sciences ; for classification is the foundation of all. The system here set forth provides a niche for every symptom known or unknown. It should lead to greater precision of thought and by exposing the gaps in our knowledge it should direct and stimulate further investigation.

PART I

INTERROGATION

THE order of the symptoms is approximately that adopted in case-taking. The regions proceed from the head downwards.

NOTES beginning with a capital letter refer to the section; those with a small letter to the preceding disease.

CONTRACTIONS: U, usually; X, exceptionally; *, the most likely diseases. I, First stage; II, Second stage; III, Third or Final stage.

PREDOMINANT SEX

Irrespective of structural differences.

12. Male

The diseases which preponderate in the male are largely those due to laborious occupation, to exposure to weather, or to alcoholism or syphilis.

Actinomycesis $\frac{2}{1}$
 Addison's Disease $\frac{2}{1}$
 Amyotrophic Lat. Sclerosis
 Aneurysm, Abdominal $\frac{8}{1}$
 „ in general
 Angeioneurotic Edema
 Angina Pectoris
 Aortitis
 Appendicitis $\frac{7}{3}$
 Ascending Paralysis,
 Acute $\frac{3}{1}$
 Bilharzia
 Bulbar Paralysis

Cancer of Kidney
 „ of Rectum
 „ of Stomach $\frac{2}{1}$
 Cerebral Abscess
 Chloroma $\frac{1.9}{7}$
 Cirrhosis of Kidney $\frac{2}{1}$
 „ of Liver $\frac{3}{1}$
 „ of Stomach
 Claudication Intermittente
 Colour-blindness
 Cystic Kidney $\frac{2}{1}$
 Cystinuria
 Diabetes $\frac{2}{1}$
 except the hereditary form
 Diabetes Insipidus $\frac{2}{1}$
 Duodenal Ulcer $\frac{8}{1}$
 Dupuytren's Contraction $\frac{2.0}{1}$
 Endocarditis, Ulcerative $\frac{3}{1}$
 Enteric Fever

MALE—continued

Epilepsy
 Exophthalmic Goitre
 senile form
 Exostosis
 Fatty Degeneration of
 Heart $\frac{2}{1}$
 Gastritis, Chronic
 Gilles de la Tourette's
 Disease
 Gout
 Gumma $\frac{7}{1}$
 Hæmatoma Auris
 Hæmoglobinuria, Inter-
 mittent
 Hæmophilia $\frac{11}{1}$
 Hæmorrhage into Cord
 Hypertrophy of Heart
 Hypochondriasis
 Idiopathic Dilatation of
 the Colon—infants $\frac{8}{1}$
 Intussusception
 Laryngeal Affections
 Leukæmia $\frac{2}{1}$
 Locomotor Ataxy $\frac{7}{1}$
 Lymphadenoma $\frac{3}{1}$
 Meningitis, Cerebro-spinal
 ,, Simplex $\frac{2}{1}$
 ,, Spinal
 Myocarditis
 Myositis Ossificans
 Pachymeningitis
 Pancreatitis
 Paralysis agitans
 Paraplegia, Ataxic
 Peliosis rheumatica
 Pneumonia
 Progressive Muscular Atro-
 phy, $\frac{6}{1}$
 Pseudo-hypertrophic Para-
 lysis

Pylorus, Congenital Hyper-
 trophy of $\frac{4}{1}$
 Rheumatism, Acute $\frac{2}{1}$
 Sciatica
 Schlatter's Disease
 Serratus Magnus Palsy $\frac{9}{1}$
 Spasmodic Spinal Paralysis
 Stokes-Adams' Disease
 Syringomyelia $\frac{2}{1}$
 Thomsen's Disease
 Tooth's Paralysis
 Valvular Disease
 Weil's Disease

13. Female

The diseases to which female
 are specially subject are
 those that arise from
 indoor life and insufficient
 exercise.

Acroparæsthesia $\frac{10}{1}$
 Adiposis Dolorosa
 Anæmia
 Arthritis, Intermittent
 Atrophy, Acute Yellow
 especially during pregnancy
 Atrophy of Heart $\frac{7}{5}$
 Catalepsy
 Chlorosis
 Chorea $\frac{3}{1}$
 Coeliac Disease
 Constipation
 Dementia, Ac. Primary
 Disseminated Sclerosis
 Enteroptosis $\frac{15}{1}$
 Erythema nodosum
 Facial Hemiatrophy
 Floating Kidney $\frac{8}{1}$
 Gall Bladder, Cancer of $\frac{3}{1}$
 Gallstones $\frac{7}{2}$
 Gastralgia

FEMALE—*continued*

Gastric Ulcer

Goître

,, Exophthalmic $\frac{3.0}{1}$

Hysteria

Idiopathic Dilatation of

Colon—Adults $\frac{2}{1}$

Korsakoff's Syndrome

Lupus Erythematosus $\frac{5}{1}$

Manus Valga

Membranous Colitis

Mitral Stenosis $\frac{4}{1}$ Mollities Ossium $\frac{3.0}{1}$ Myxœdema $\frac{6}{1}$

Neuralgia

Piedra

Pharyngomycosis

Proctitis, Hæmorrhagic

Pseudangina

Pulsating Aorta

Pyelitis, Infantile $\frac{4}{1}$

Raynaud's Disease

Rheumatoid Arthritis

Rhinitis, Chr. Atroph.

Scleroderma

Stricture of Rectum

Trance

Trypanosomiasis

European clothes $\frac{1.0}{1}$ Tuberculous Peritonitis $\frac{2}{1}$

AGE

Diseases prone to occur at certain ages.

14. In the absence of direct information, it may be necessary to form an estimate of the patient's age ; but, since illness is sure to add to this in appearance, it is not always an easy matter. The best guide, perhaps, is the texture of the skin, which becomes more and more inelastic and, later, more and more leathery, as age advances. Wrinkles are a guide to some extent ; but they develop prematurely in those much given to laughter or gesticulation. In women the advent of the menopause is often indicated by the growth of hair on the chin and upper lip ; and, in both sexes, middle age may be betrayed by a certain stiffness at the hip joints in walking. Grey hairs usually begin to appear about the fortieth year, but they are not very marked for ten or twelve years after that ; premature greyness, however, is common enough, and is then usually hereditary. The tortuous temporal artery and the *arcus senilis* are not necessarily confined to old age ; indeed, thanks to the very general use of artificial teeth, the classical signs of old age are rarely seen except amongst the very poor.

15. The Examination of Children presents many difficulties. The first thing to do is to endeavour to get the child's confidence. For this purpose the practitioner must give him time to get used to his presence by getting all the information possible from the nurse or mother. He may then ask the child to shake hands, and can surreptitiously feel the pulse at the same time, or perhaps get the mother to hold the child's hand while he does so. If the suspicious patient will not put out his tongue, he will probably open his mouth when asked and this will do nearly as well, and the opportunity may then be taken to pass the finger rapidly over the gums. The chest should next be listened to, and if a single stethoscope is employed, the child should previously have been allowed to examine it under the specious name of trumpet. Percussion is apt to make a child cry ; it should therefore follow, not precede, auscultation, and as a rule, one finger only is necessary to form the plessor. The throat may be examined by using the handle of a teaspoon as a tongue-depressor ; the examination nearly always sets the child crying, but this is of less importance now, as the ordeal is nearly over,

and the cry affords an opportunity to determine the vocal fremitus and resonance.

The symptoms of disease present certain modifications when affecting children. Thus, the pain of lobar pneumonia is often referred to the epigastrium, and the disease itself may affect the apex instead of the base. The rigor of onset is often replaced by convulsions. Vomiting is exceptionally common in children, perhaps from the more vertical position of the stomach, and this and diarrhoea are remarkable for the rapid wasting by which they are followed. The whoop of pertussis is often absent in young infants, and in all children it usually disappears temporarily during an attack of measles. Other peculiarities will be found noted in the interlineations of the text.

In the following lists, where the disease occurs in more than one age section, the numbers of the others are given. In incurable diseases, only the age of onset is usually inserted.

16. Infancy (under 2 years)
 Amaurotic Family Idiocy
 Amyloid Degeneration (17)
 Bronchitis (17, 22)
 Broncho-pneumonia (17)
 Convulsions (17)
 Cretinism (17)
 Diarrhoea
 Diphtheria, Laryngeal (17)
 Erythema Infectiosum (17)
 Glands, Enlarged (17, 18)
 Glandular Fever (17)
 Hereditary Muscular Atrophy
 Hooping Cough (17)
 Hydrocephalus (17)
 „ „ Spurious
 Idiopathic Dilatation of the Colon
 Impetigo contagiosa (17)
 Infantile Hemiplegia
 „ „ Scurvy (17)
 begins at 6 to 10 m.

Intertrigo
 Intussusception (17)
 72°/o under one year
 Laryngismus stridulus (17)
 Laryngitis, Spasmodic (17)
 Lichen
 Manus Valga
 Measles (17, 18)
 Meningitis, Tuberculous (17)
 Meningitis, Post Basic
 „ under 9 months
 Paralysis, Infantile (17)
 Potos (17)
 Post-pharyngeal Abscess (17)
 Purpura, Henoch's
 Pyelitis
 Rickets (17)
 Rötheln (17, 18, 19)
 Scarlatina (17, 18)
 Seborrhoea (18)
 Spasmus nutans

INFANCY—continued

Syphilis, Hereditary

it appears at 2 to 6 weeks

Syphilitic Disease of Lungs
(17)

,, Epiphysitis

,, Pemphigus (17)

Tetany (17)

Varicella (17)

Werdnig-Hofmann Atrophy
(17)**17. Childhood**

Addison's Disease (x) (18, 20)

Adenoids

Amyloid Degeneration (16)

Banti's Disease

Bronchitis (16, 22)

Broncho-pneumonia (16)

Cataract, Soft

Cerebro-spinal Meningitis

Chloroma (18)

Chondroma (18)

Chorea (18)

Cirrhosis, Hypertrophic Bili-
ary (x)

Celiac Disease

begins about 2

Convulsions (16)

Coxa vara

about 3 and again at 14

Cretinism

Diphtheria (16, 18)

Encephaloid Cancer

Endocarditis (18, 19, 20)

Enteric Fever (18)

Epilepsy (18)

Erythema Infectiosum (16)

Exophthalmic Goitre (x)

Facial Hemiatrophy

Floating Kidney (x)

Friedreich's Disease (18)

Gilles de la Tourette's
Disease

Glands, Enlarged (16, 18)

Glandular Fever (16)

'Growth Fever'

Hæmophilia

Hooping Cough (16)

Hydrocephalus

Impetigo contagiosa

Infantile Scurvy (16)

Intussusception (16)

Laryngismus stridulus (16)

Laryngitis, Spasmodic (16)

Little's Disease

under 5

Lumbrici

Measles (16, 18)

Meningitis, Tuberculous (16)

Mumps (16, 18)

Myeloma (18)

Myoclonus Multiplex

Noma

Œdema laryngis (18)

Paralysis, Infantile (16)

u under 5

Paramyotonia Congenita

Paroxysmal Tachycardia (x)

Peritonitis, Tuberculous

Ponos (16) f

Post-pharyngeal Abscess
(u under 4)Pseudo-hypertrophic Para-
lysis

Purpura, Henoch's

Rheumatic Nodules

Rheumatism (18, 19, 20)

rare under 3

Rhinitis, Atrophic (18)

CHILDHOOD—*continued*

Rickets (16)
 Ringworm
 Roseola
 Rötheln (16, 18, 19)
 Sarcoma, Renal
 Scarletina (16, 18)
 Schlatter's Disease (18)
 Scurvy, Infantile (16)
 Spinal Paralysis, Epidemic
 Status Lymphaticus
 Syphilis, Hereditary (16)
 Syphilitic Lungs (16)
 „ Pemphigus (16)
 Tetany (16)
 Thomsen's Disease
 4 to 6
 Threadworms (16)
 Tubercle of Bones, etc.
 Tuberculous Tumours of
 Brain
 Varicella (16)
 Werdnig-Hofmann Atrophy
 (16)

18. Adolescence

Acne
 Addison's Disease (20)
 Anæmia (19)
 Apoplexy, Spinal
 Appendicitis (19)
 Catalepsy
 Cerebellar Ataxy
 Cerebral Embolism (19,
 20)
 Chloroma (17)
 Chlorosis
 Chondroma
 Chorea (17)
 Coxa vara (17)

Dementia, Ac. Primary
 Diabetes Insipidus
 Diphtheria (16, 17)
 Endocarditis (19, 20)
 Enteric Fever (17)
 Epilepsy (17)
 Exophthalmic Goitre (x),
 (20, 21, 22)
 Exostosis
 Friedreich's Disease (17)
 Glands, Enlarged (16, 17)
 Goitre (21)
 Hysteria (21)
 Measles (16, 17)
 Meningitis, Simple
 Migraine
 Mitral Stenosis
 Mollities Ossium (20)
 Mumps (16, 17)
 Myeloma (17)
 Myocarditis
 Myomata (19, 20)
 Myxœdema (20)
 Nervous Atrophy
 Œdema laryngis (17)
 Periodic Paralysis (19)
 Pharyngomycosis (19)
 Phthisis (19)
 Progressive Muscular Atro-
 phy (x) (19, 20)
 Rhachitis adolescentium
 Rheumatism, Acute (17, 19,
 20)
 Rhinitis, Atrophic (17)
 Rötheln (16, 17, 19)
 Sacro-iliac Disease
 Scarletina (16, 17)
 Schlatter's Disease (17)
 Seborrhœa (16, 20)
 Spasmodic Spinal Paralysis
 Syringomyelia (19, 20)
 onset

ADOLESCENCE—*continued*

Trance

Tuberculosis, Acute (19, 20)

Ulcer of Stomach (19, 20)

Vincent's Angina (19)

19. Young Adults

Actinomycosis

Anæmia (18)

Appendicitis (18, 20)

Cerebral Abscess (20)

Cerebral Embolism (18, 20)

Dementia Præcox (20)

Disseminated Sclerosis (20)

Duodenal Ulcer

Endocarditis (17, 18, 20)

Gastralgia

Hæmorrhage into Cord (20)

Myomata (20)

Paralysis, Ac. Ascending
(20)

Peliosis rheumatica

Periodic Paralysis (18)

Pharyngomycosis (18)

Phthisis (18)

Poliomyelitis, Ac. Ant. (x)

Primary Spastic Paraplegia
(20)

Proctitis, Hæmorrhagic

Progressive Muscular Atro-
phy (18, 20)

Rheumatism, Acute (18, 20)

Rheumatoid Arthritis (20,
21)

Rötheln (16, 17, 18)

Seborrhœa Capitis

Serratus Magnus Palsy (20)

Symmetrical Adeno-lipoma-
tosis (20)

Syngomyelia (18, 20)

Tuberculosis, Acute (18)

Ulcer of Bladder

„ of Stomach (18, 20)

Vincent's Angina (18)

Yellow Atrophy, Acute (x)
(20)

20. Middle Age

Addison's Disease (18)

Aneurysm (22)

Angina Pectoris (22)

Apoplexy

Cancer of Stomach, Liver,
Larynx, Rectum, Uterus,
or Breast

Cerebral Abscess (19)

„ Embolism (18, 19)
(\bar{u} under 50)

Cirrhosis of Liver or Kidney

Claudication Intermittente,
(22)

Cystic Kidney

Diabetes

Dissecting Aneurysm

Dupuytren's Contraction

Endocarditis (17, 18, 19)

Epithelioma (22)

Exophthalmic Goitre (18,
21, 22)Fatty Degeneration of Heart
(22)

Gallstones

Gout (21, 22)

Hæmorrhage into Cord (19)

Hypochondriasis

Idiopathic Dilatation of
Colon (x)

Kidney, Movable

Korsakoff's Syndrome

Leukæmia

MIDDLE AGE—*continued*

Locomotor Ataxy
 Melancholia
 Mollities Ossium (18)
 Myelitis
 Myomata (18, 19)
 Myxœdema (18)
 Nephritis, Chronic
 Neuralgia, Trigeminal
 Osteitis Deformans
 Osteo-arthritis, 22
 Paralysis, Ac. Ascending
 (19)
 ,, agitans (22)
 ,, Bulbar
 ,, General
 Paraplegia, Ataxic
 Pernicious Anæmia
 Primary Spastic Paraplegia
 (19)
 Progressive Muscular Atro-
 phy (u 25-45)
 Rheumatism, Acute (18, 19)
 Sciatica (22)
 Sclerosis, Disseminated (19)
 Serratus Magnus Palsy (19)
 Spinal Meningeal Hæmor-
 rhage
 Stricture of Rectum
 Symmetrical Adeno-lipoma-
 tosis (19)
 Syringomyelia (18, 19)
 Thrombosis (22)
 Tumours, Intracranial
 except tuberculous
 Ulcer of Stomach (18, 19)
 ,, of Colon
 ,, of Duodenum
 Weil's Disease
 Yellow Atrophy, Acute
 (19)

21. Menopause

Cancer
 Caruncle, Urethral
 Diabetes
 Exophthalmic Goitre
 Goitre
 Gout
 Hysteria
 Insanity
 Pruritus Vulvæ
 Pseudangina
 Rheumatoid Arthritis
 Uterus, Prolapse of

22. Old Age

Aneurysm (20)
 Angina Pectoris (20)
 Aortitis
 Apoplexy
 u over 50
 Arterio-sclerosis
 Brachial Neuritis
 Bronchitis (16, 17)
 Cancer
 Capillary Bronchitis
 Cataract
 Cerebral Thrombosis
 Chorea, Senile
 Claudication Intermittente
 (20)
 Diarrhoea
 Dissecting Aneurysm
 Ecthyma
 Epithelioma (20)
 Exophthalmic Goitre
 in men
 Fatty Degeneration of Heart
 (20)
 Gangrene
 Gout (20, 21)

OLD AGE—*continued*

Melancholia
 Osteo-arthritis
 Pachymeningitis
 over 50
 Paralysis agitans (20)
 Pemphigus

Phthiriasis
 Prostatic Disease
 Pruritus
 Sciatica (20)
 Thrombosis (20)
 Ulcer, Rodent

23. Congenital Affections

The following diseases are, at least sometimes, congenital.

Achondroplasia
 Amblyopia
 Amyotonia Congenita
 Angeiomata
 Aphasia
 Atelectasis
 Buhl's Disease
 Cataract
 Cholæmia, Congenital
 Chorea (x)
 Corneal opacities
 Deaf-Mutism
 Dermatitis Exfoliativa
 Development, Arrested
 Dislocations of Hip, etc.
 Facial Hemiatrophy
 Hæmophilia
 Heart Affections
 Hernia
 Hydrocephalus
 Hydronephrosis
 Ichthyosis
 Icterus neonatorum
 Idiocy

Idiopathic Dilatation of the
 Colon
 Infantile Hemiplegia $\frac{1}{3}$
 ,, Hæmoglobinuria
 Malformations
 Manus Valga
 Multiple Osteomata
 Nævi
 Paralysis of Sixth Nerve
 Paramyotonia Congenita
 Paraplegia, Spastic
 Pemphigus
 Progressive Muscular Atro-
 phy
 Pseudo-hypertrophic Para-
 lysis
 Ptosis
 Pylorus, Hypertrophy of
 Sclerema
 Spastic Cerebral Paraplegia
 Syphilis
 Siringomyelia
 Tetanus neonatorum
 Thomsen's Disease
 Word-Blindness, Cong.

OCCUPATION

It may be necessary to know the past as well as the present occupation.

24. Active

Aneurysm
Dislocations
Fractures
Heart, Hypertrophy of
Hernia
Rheumatic Fever
Rupture of Valve Cusp
Sprains
Tetanus

25. Sedentary

Anæmia
Arterio-sclerosis
Chlorosis
Constipation
Dyspepsia
Fatty Heart
Gallstones
Gastritis
Gout
Hæmorrhoids
Hysteria
Hypochondriasis
Neuroses
Obesity
Phthisis
Ulcer of Stomach

26. Trade Diseases

Brass Founders : Pseudo-
Ague
Boiler Makers : Deafness
Bakers
Grocers } Dermatitis
Bricklayers }

Bichromate Workers :

Ulcers, Erosion of Nasal
Septum

Accumulator

Makers

Painters

Dyers

Enamellers

Potters

Glass

Polishers

Plumbers

White-Lead

Makers

Lead-
poisoning,
Gout

Bark Strippers : Keratosis

Bottle Makers : Cataract

Compositors : Nystagmus

Cooks : Eczema, Erythema

India-rubber Workers :

Amaurosis, Temporary
Hysteria and Mania, Peri-
pheral Neuritis, Derma-
titis

Pitch, Workers in : Warts
(becoming epithelioma-
tous) Ulceration of
Cornea

Dusty Trades : Cirrhosis of
Lungs, Chronic Laryn-
gitis

Brickmakers : Ankylostomiasis

Miners : Phthisis, Ankylostomiasis, Nystagmus, 'Beat-knee' or '-elbow,' Epithelioma (Scrotal)

TRADE DISEASES—continued

Domestic Servants : Anæmia, Gastric Ulcer, Erythema nodosum, Varicose Veins

Butchers : Weil's Disease

Skin Dressers }
Wool Sorters } Anthrax

Sweeps : Epithelioma of Scrotum

Gold-beaters }
Glass Polishers } Side-rosis

Furriers : Arsenic-poisoning, Mercurialism

Felt-hat Makers : Mercurialism

Gardeners : Tetanus

Corn Trades : Actinomycosis, Aspergillosis, Gerlier's Disease

Bird Fanciers : Psittacosis, Aspergillosis

Stokers : Apoplexy

Divers : Caisson Disease

Match Makers : Phosphorus-poisoning

Electric-light Workers : Conjunctivitis

X-Ray Workers : Dermatitis, Impotence

Sailors : Exostosis of Ear

Standing Occupations : Varicose Veins, Flat Foot

27. Occupation Neuroses

Writer's Cramp :

Clerks

Laryngeal Spasm :

Cornet Players

Elocutionists

Flautists

Clonic and Tonic Spasms :

Ballet Dancers

Compositors

Hammermen

Pianists

Telegraphists

Violinists

Typists

Tailors

Sempstresses

Shoemakers

Cigarette Rollers

Milkers

28. HISTORY

Etiology is perhaps the least reliable of all our aids to diagnosis, for it bristles with fallacies and notably with the *post hoc, ergo propter hoc* variety.

A good deal of care therefore is necessary to obtain accurate results, especially with uneducated people. A 'cold,' given as the cause of death, may be ascertained by questions as to duration, wasting, cough, or hæmoptysis to have been in reality *phthisis*. 'A complication of diseases' will generally be found to include dropsy; and a few appropriate questions will usually elicit such information as will determine whether this was renal, cardiac, hepatic, pulmonary, or hæmic. A statement of the causes of the deaths in the family is, however, not sufficient. Inquiry must be made as to whether any living member of the family is suffering from hereditary disease, and cross-heredity must be borne in mind. The subject is of special importance in examination for life insurance. According to Galton's Law, each parent contributes one-quarter of the inherited faculties and each grandparent one-sixteenth.

29. Hereditary Diseases

Some of these may, like
Tuberculosis, prove to
be infectious with a
prolonged latent stage.

Acne
Adiposis Dolorosa
Angeioneurotic Œdema (x)
Apoplexy
Arterio-sclerosis
Asthma, Hay (x)
,, Spasmodic $\frac{1}{3} \frac{4}{5}$
Cancer
Calculus
Colour-Blindness, Cong.
Cystinuria
Dementia Precox
Diabetes 20%
,, Insipidus

Disseminated Sclerosis
Dupuytren's Contraction
Eczema
Emphysema
Epilepsy $\frac{1}{3}$
Facial Hemiatrophy (x)
Fragilitas Ossium
Friedreich's Disease
Gout
Hæmophilia
Heart Disease
Hereditary Cerebellar
Ataxy
Hernia
right side if paternal
Huntington's Chorea
Hysteria
Hydrocephalus
Hpyochondriasis

HEREDITARY DISEASES—continued

Ichthyosis
 Insanity $\frac{2}{7}$
 Landouzy-Déjérine Paralysis
 Laryngismus stridulus
 Leprosy (?)
 Malformations
 Migraine
 Milroy's Disease
 Myositis Ossificans
 Nævus
 Nephritis (x)
 Neurasthenia
 Neuroses
 Nystagmus (x)
 Obesity
 Œdema, Circumscribed
 Otosclerosis
 Paramyoclonus Multiplex
 Periodic Paralysis
 Phthisis
 Primary Spastic Paraplegia
 Progressive Muscular Atrophy (x)
 Pseudo-hypertrophic Paralysis
 Psoriasis (x)
 Retinitis Pigmentosa
 Rheumatic Fever
 Rheumatism
 Rheumatoid Arthritis, or Joint Trouble
 Senility, Early
 Spondylose Rhizomélisque
 Syphilis
 Telangiectasis
 Tetany
 Thomsen's Disease
 Tooth's Paralysis

Tuberculosis
 Tumours

In many cases, what is really inherited is a diminished power of resistance to a given disease and not the disease itself.

30. Cross Heredity

Epilepsy—	} and vice versa
Insanity	
Epilepsy—	
Migraine	

Ac. Rheumatism—Valvular Disease

31. Familial Diseases

Amaurotic Family Idiocy
 Congenital Cholæmia
 Cretinism
 Diabetes (x)
 Disseminated Sclerosis (x)
 Fibroids, Uterine
 Friedreich's Disease
 Hereditary Cerebellar Ataxia
 „ Muscular Atrophy
 Ichthyosis
 Landouzy-Déjérine Paralysis
 Lateral Sclerosis family type
 Myoclonus Epilepticus
 Pentosuria
 Periodic Paralysis
 Pseudo-hypertrophic Paralysis
 boys of same family
 Retinitis Pigmentosa
 Spastic Paraplegia

FAMILIAL DISEASES — *contd.*

Splenic Anæmia,
 Gaucher type
 Telangiectasis
 Thomsen's Disease
 Word-Blindness, Cong.
 Xeroderma Pigmentosum

32. Previous Attack Favours a**Diagnosis of**

Ague
 Angina Pectoris
 Appendicitis
 Apoplexy
 Asthma, Hay
 „ Spasmodic
 Bronchitis
 Delirium Tremens
 Epilepsy
 Erysipelas
 Gallstones
 Gout
 Hæmoglobinuria, Intermittent
 Lead-poisoning [tent
 Migraine
 Neuralgia
 Osteomyelitis
 Quinsy
 Renal Colic
 Rheumatic Fever
 Rheumatism
 Tonsillitis

33. Previous Attack Precludes

There are many exceptions, however, since immunity following an attack of infectious disease is not necessarily life-long.

Enteric Fever
 Hooping Cough
 Measles

Mumps
 Rôtheln
 Scarletina
 Syphilis
 „ cong. or acquired
 Typhus
 Varicella
 Variola
 Yellow Fever

* Diphtheria confers little if any immunity. Herpes Zoster seems to have some causal connection with Varicella.

34. HISTORY OF FORMER ILLNESS**Gonorrhœa**

Gleet
 Iritis
 Ophthalmia
 Orchitis
 Pyæmia
 Rheumatism
 Stricture
 „ and in women, peritonitis and salpingitis.

Gout

Arterio-sclerosis
 Cerebral Hæmorrhage
 Cirrhosis of Kidney
 Eczema
 Neuritis
 Phlebitis

Lead-poisoning

Cerebral Hæmorrhage
 Cirrhosis of Kidney
 Fibroid Heart
 Gout
 Multiple Neuritis

HISTORY OF FORMER ILLNESS

—continued

Rheumatic Fever

- Chorea
- Embolism
- Endocarditis
- Exophthalmic Goitre
- 10 per cent.
- Paramyotonia Congenita
- Valvular Disease

Scarlatina

- Angina Ludovici
- Nephritis
- Otorrhœa
- Rheumatism
- Tonsillitis
- Valvular Disease

Syphilis

- Aneurysm
- Cord, Sclerosis of
- Diabetes
- Eruptions
- General Paralysis
- Gummata
- liver, brain, scalp, etc.
- Heart, Fibroid
- Iritis
- Locomotor Ataxy
- Meningitis
- Pachymeningitis, Cervical
- Periostitis
- Phthisis
- Thrombosis of Brain
- Tumour of Brain

35. History of a Bite

By a dog—rarely a cat or a fox.

- Hydrophobia
- Lyssaphobia
- Pyæmia
- Tetanus

36. History of Blow or Fall

- Abscess
- Arthritis
- Cancer
- Caries of Spine
- Concussion of Brain
- Dislocations
- Displaced Cartilage
- Epilepsy
- esp. Jacksonian
- Fibrositis
- Fractures
- Hæmorrhages
- Meningitis
- Movable Kidney
- „ Liver
- Myositis Ossificans
- Neurasthenia, Traumatic
- Pachymeningitis
- Pleurisy
- Prolapsus Uteri
- Ruptured Muscle
- „ Viscus
- Shock
- Spondylitis, Traumatic
- Sprains
- Synovitis
- Tetanus
- Tuberculous Arthritis
- with a free interval
- Uterine Displacement
- Vein, Ruptured
- One-fifth of all cases of hysteria are of traumatic origin (Berbez).

37. History of a Strain

- Aneurysm
- Apoplexy
- Fibrositis
- Hæmorrhage
- Heart Disease

HISTORY OF STRAIN—*continued*

Hernia
 Prolapsus Ani
 „ Uteri

38. History of Dietetic Error

Beri-Beri
 unpolished rice
 Botulism
 infected sausage, etc.
 Diarrhœa
 rich or tainted food
 Dyspepsia, Acute
 pork, crustaceans, etc.
 Ergotism
 fungous rye
 Hydatids
 raw, unwashed vegetables
 Lathyrism
 meal made from Lathyrus
 Pellagra
 maize, etc.
 Ptomainism
 decayed food (B. Coli, etc.)
 Trichinosis
 infected raw ham
 Urticaria
 shell fish, pork, rabbit, etc.

 Numerous diseases are due
 to infected milk or water.

39. History of Alcoholism

Aneurysm
 Apoplexy
 Arterio-sclerosis
 Atheroma
 *Cirrhosis of Liver
 *Delirium Tremens
 Dementia, Chronic
 Dilatation of Stomach
 Emphysema, Atrophic
 Gastritis, Chronic
 Glycosuria
 *Gout
 Heart, Dilated
 „ Fatty
 „ Fibroid
 Kidney, Cirrhosis of
 „ Enlarged
 Korsakoff's Syndrome
 *Neuritis, Multiple
 Pachymeningitis
 Pharyngitis, Chronic
 Pneumonia
 Tuberculosis

History of Rigor

(see 236)

**History of Exposure to Con-
tagion or Infection**

See *Propagation* (44, 45)

History of Residence Abroad

See *Exotic Diseases*, 1810

ONSET

40. Sudden Onset

Acute diseases in general.
All forms of hæmorrhage
and embolism.

Ague
Angina Pectoris
Ascending Paralysis, Acute
Asthma
Apoplexy, Cerebral
 some minutes
Apoplexy, Pulmonary
 ,, Spinal
Appendicitis
Caisson Disease
Catalepsy
Cholera
Colic, Hepatic
 ,, Renal
Dengue
Embolism, Cerebral
 instantaneous
Embolism, Renal
Epileptic Fit
Erysipelas
Facial Paralysis
 unless due to a tumour
Glandular Fever
Gout
Hæmatocele, Pelvic
Hæmorrhage, Spinal Inter-
 meningeal
Hydrarthrosis, Intermittent
Infantile Paralysis
Influenza
Jaundice, Obstructive
Korsakoff's Syndrome
Laryngismus stridulus
Mania
Menière's Disease

Meningitis, Cerebro-spinal
 ,, Internal Spinal
 ,, Post-Basic (v)
Myelitis
Neuralgia
Pancreatitis, Acute
Paralysis, Acute Bulbar
 ,, Acute Spinal
 ,, Periodic
Periarthritis Nodosa
Peritonitis, Acute
Pleurisy, Acute
Pneumonia, Lobar
Pyæmia
Pyelitis, Acute
Rheumatic Fever
Syncope
Thrombosis, Cerebral
 some hours
Trance
Tuberculosis, Acute
Valve Cusp, Rupture of

41. Gradual Onset

Chronic Diseases in general
and all degenerative
diseases.

Acromegaly
Amyloid
Amyotrophic Lat. Sclerosis
Aneurysm
Ascites
Ataxic Paraplegia
Bulbar Paralysis
Cancer
Chorea
Cirrhosis of any Organ
Dilatation of Stomach
Enteric Fever

GRADUAL ONSET—*continued*

General Paralysis

Hooping-Cough

Landouzy-Déjérine Paralysis

Locomotor Ataxy

Mastoiditis

Myelitis, Chronic

Occupation Neurosis

Paralysis Agitans

Pernicious Anæmia

Phthisis

Progressive Muscular Atrophy

Sclerosis, Disseminated

Tooth's Paralysis

Transverse Softening of Cord

Tuberculous Meningitis

Tumours, Cerebral

days or weeks

Tumours of Cord

42. PROPAGATION

Sporadic cases of most of these diseases occur occasionally.

43. By Epidemic

Anterior Poliomyelitis,
 Acute
 Asiatic Cholera
 Beri-Beri
 Cerebro-spinal Meningitis
 Chorea Magna
 Cough, Paroxysmal
 Dengue
 Diphtheria
 Dysentery
 Enteric Fever
 Ergotism
 Erysipelas (x)
 Erythema Nodosum (x)
 Hooping Cough
 Influenza
 Malta Fever
 Measles
 Mumps
 Paroxysmal Hæmoglobin-
 uria
 Plague
 Pneumonia, Acute (x)
 Psittacosis
 Relapsing Fever
 Roseola
 Rötheln
 Scarlatina
 Typhus
 Varicella
 Variola
 Yaws

44. By Infection

Actinomycosis
 Dengue
 Diphtheria
 Enteric Fever
 Erysipelas
 Erythema Infectiosum
 Glandular Fever
 Hooping Cough
 Influenza
 Measles
 Mumps
 Plague
 Roseola
 Rötheln
 Scarlatina
 Tuberculosis
 Typhus
 Varicella
 Variola
 Yaws
 Yellow Fever

Also, according to some
 authorities, Acute Rheu-
 matism and Acute Pneu-
 monia.

45. By Contagion

Conjunctivitis
 Diabetes (x)
 conjugal form
 *Diphtheria
 Erysipelas
 Farey
 Favus

BY CONTAGION—*continued*

Glanders
 *Gonorrhœa
 Hospital Gangrene
 Hydrophobia
 from rabies
 Impetigo contagiosa
 Leprosy
 slightly
 Malignant Pustule
 Molluscum contagiosum
 Porrigo
 children
 Purulent Ophthalmia
 Ringworm
 *Scabies
 *Soft Sore
 *Syphilis
 Trachoma
 Yaws

46. Infection by Clothing

Diphtheria
 Influenza
 Hooping Cough
 Measles
 Puerperal Fever
 Rötheln
 *Scarlatina
 Typhus
 Varicella
 *Variola

47. Infection by 'Carriers'

Cholera
 Diphtheria
 Dysentery
 Enteric Fever
 3 per cent of cases
 Meningitis, Cerebro-spinal
 Paratyphoid Fever
 Yellow Fever

48. SCHOOL QUARANTINE

49 After Exposure to Infection
(' Contacts ')

Chicken-pox, 18 days
 Diphtheria, 12 days
 Enteric, 21 days
 Hooping Cough, 21 days
 Measles, 16 days
 Mumps, 24 days
 Ringworm, 10-14 days
 Rötheln, 16 days
 Scarlatina, 14 days
 Small-pox, 18 days
 Typhus, 21 days

In the case of Pertussis,
 Mumps, Rötheln, or
 Varicella, one day's
 quarantine will suffice
 for a pupil after transient
 exposure, provided he has
 already had the disease.

50. After an Infectious Disease

(The body and clothes hav-
 ing been disinfected.)

DIPHTHERIA

4 weeks after convalescence,
 provided there be no
 albuminuria and no dis-
 charge from nose, ears,
 eyes, throat, etc. (the
 bacillus is often found
 long after this). For
 adults, 3 weeks should
 suffice

ENTERIC FEVER

4 weeks from commence-
 ment of defervescence

FOLLICULAR TONSILLITIS

5 days 45-50

AFTER AN INFECTIOUS DISEASE

—continued

HOOPING COUGH

6 weeks at least from beginning of whoop, provided whoop and spasmodic cough have ceased

INFLUENZA, UNCOMPLICATED

7 to 10 days from commencement

MEASLES

3 weeks from the disappearance of the rash, if peeling and cough have ceased

MUMPS

4 weeks from the commencement, if all swelling have subsided

RINGWORM

one month after apparent cure

RÖTHELN

2 to 3 weeks

SCARLATINA

6 weeks from the disappearance of the rash if there be no sore-throat, or discharge from nose or ear. Desquamation is considered of less importance now than formerly

SMALL-POX AND CHICKEN-POX

1 week after every scab has fallen off

TYPHUS

5 weeks

51. DURATION

52. Acute Diseases

Æstivo-Malarial Fever

each 'fit' 20 hours

Ague

cold stage 10 to 60 min.

hot stage 2 to 6 hours

sweating stage 2 to 3 hours

Angeioneurotic (Edema

2 to 3 days; recurring every 3 weeks or so

Angina Pectoris

from minutes to hours

Antitoxin Rash

incubation 1 week

Apoplexy

from minutes to days

Asthma, Spasmodic

from one hour to several days

Bell's Mania

from 3 days to 3 weeks

Buhl's Disease

about 2 weeks

Catalepsy

minutes to hours or days

Cerebro-spinal Meningitis

variable

Chancre, Hard

incubation 3 to 5 weeks

Chancre, Soft

incubation a few hours to a week

Cholera

incubation 3 to 5 days

Dengue

invasion 3 days; rash 1 to 2 days; remission 2 to 4 days

Diphtheria

incubation $\frac{1}{2}$ to 6 days;

invasion 3 to 4 days;

membrane 1 to 7 days;

paralysis begins 8 to 12 days after recovery

Enteric Fever

incubation 3 weeks; in-

vasion 11 days; rash 10 days

Erysipelas

incubation 15 to 60 hours

Erythema Scarlatiniforme

little or no incubation stage;

eruption 4 to 5 days or more

Erythema Infectiosum

incubation 6 to 14 days

Follicular Tonsillitis

incubation 4 days

Gallstone Colic

u a few hours

Glandular Fever

incubation 7 days; disease 14 days

Glanders

incubation 3 to 8 days;

invasion 3 to 4 weeks;

developed stage 2 to 20 days

Gonorrhœa

incubation 3 to 5 days

Herpes Zoster

u 10 to 20 days

Hooping Cough

incubation 10 days; in-

vasion 7 days

Hydrarthrosis, Intermittent

4 to 5 days; interval 1 month or more

ACUTE DISEASES—*continued*

Hydrophobia

incubation \approx 6 to 7 weeks,
but may be much longer ;
disease 1 to 4 days

Influenza

incubation 2 to 3 days ;
disease 4 to 5 days

Malta Fever

incubation 8 to 14 days

Measles

incubation 10 to 12 days ;
invasion 3 to 4 days ;
rash 4 to 6 days

Meningitis, Acute Simple

2 to 8 days

Meningitis, Post Basic

3 weeks to 4 months

Meningitis, Tuberculous

2 to 4 weeks

Mumps

incubation 8 to 21 days ;
swelling 8 to 10 days

Myelitis, Acute

a few hours

Nephritis, Acute

3 to 10 weeks

Paralysis, Acute Ascending

a few days when fatal

Paratyphoid Fever

from 12 days

Periodic Paralysis

attack a few hours to 1 or
2 days (53)

Petit Mal

a few seconds

Plague

incubation 3 to 5 or 7 days

Pneumonia, Acute

incubation 48 to 70 hours ;
disease 5 to 7 days

Pneumonia Serpens

2 to 3 weeks

Poliomyelitis, Acute

incubation 8 days ; fever 1
to 4 days ; paralysis on
2nd to 8th day

Psittacosis

30 days altogether ; incuba-
tion 7 to 12 days ; high
fever 3 to 4 days

Relapsing Fever

pyrexial stage 5 to 7 days ;
sweating 8 to 9 hours ;
interval 6 to 8 days or
more ; second attack 3
to 4 days

Remittent Fever

5 to 14 days

Roseola

4 to 7 days—face first

Rötheln

incubation 14 to 16 days,
but variable ; invasion
about 12 to 24 hours—
longer in adults ; rash
3 days. 'In Fourth
Disease' the incubation
is shorter in the scarla-
tiniform type.

Scarlatina

incubation 8 to 9 days ;
invasion $\frac{1}{2}$ to 2 days ;
rash 3 to 5 days

Spasmus Nutans

3 weeks to 3 months

Spinal Meningeal Hæmor-
rhage

fatal cases a few hours

Tetanus

incubation 4 days to 4
weeks

ACUTE DISEASES—continued**Trypanosomiasis**

Temp. above normal a few days, below normal a few days

Tuberculosis, Acute

a few days to a few weeks

Typhus

incubation 7 days; invasion 4 to 5 days; rash 8 to 9 days; defervescence 3 days

Varicella

incubation 12 days; invasion a few hours; rash 5 to 10 days

Variola

incubation 12 days; invasion 2 days; rash 8 to 10 days

Vincent's Angina

about one week

Yellow Atrophy, Acute

2 to 3 weeks

Weil's disease

10 to 15 days

Quarantine (see 49)**53. Chronic Diseases****Acromegaly**

10 to 20 years

Addison's Disease

2 to 3 years

Amyloid

many years

Banti's Disease

many years

Brown-Sequard Paralysis

2 to 5 years

Cancer, Encephaloid

about 1 year

Cancer, Scirrhus

about 2 years

Chloroma

3 to 12 months

Chorea

1 to 4 months

Chorea, Huntington's

10 to 30 years

Distomiasis

hæmoptysis 10 to 15 years

Exophthalmic Goître

many months or years

Friedreich's Disease

many years

General Paralysis

a few months to 2 years

Guinea Worm

incubation 12 months

Hereditary Muscular Atrophy

3 to 4 years

Idiopathic Muscular Atrophy

many years

Kidney, Contracted

from 4 to 10 years

Landouzy-Déjérine Paralysis

for many years

Leukæmia

from $\frac{1}{2}$ to 7 years

Locomotor Ataxy

from 1 to many years

Lymphadenoma

about 2 years

Meningitis, Post Basic

1 to 4 months

CHRONIC DISEASES—continued

Miculicz' Disease

2 months to 10 years

Milroy's Disease

life-long; but with inter-current acute crises

Morvan's Disease

for years

Myelitis, Chronic

 $\frac{1}{2}$ to 10 years

Nephritis, Chronic

1 to 4 years

Periodic Paralysis

healthy interval 1 day to 1 year

Pharyngomycosis

months or years

Primary Spastic Paraplegia

for many years

Sclerosis, Disseminated

5 to 10 years

Syringomyelia

5 to 20 years

Traumatic Neurasthenia

latent 1 or more weeks

Traumatic Spondylitis

latent a few weeks

Trypanosomiasis

from 4 to 8 months

Yaws

2 to 4 months or more

54. Recurrence, Periodical or Occasional

Ague

Angeioneurotic Edema

Angina, Abdominal

,, Oesophageal

,, Pectoris

Appendicitis

Asthma, Spasmodic

Bronchitis

Catalepsy

Cyclical Vomiting of Children

intervals irregular

Eczema

Epilepsy

Hay Fever

Henoch's Purpura

Hydrarthrosis, Intermittent

Intermittent, Pernicious

Menstrual Disorders

Migraine

Mittelschmerz

inter-menstrual

Neuralgia

Paroxysmal Hæmoglobin-uria

Periodic Paralysis

Pseudangina

Psoriasis

Relapsing Fever

Rheumatism

(See 32 and 301)

55. SLEEP

The statements that patients make as to the duration of sleep are usually unreliable; even the fact that they have heard the clock strike does not preclude sleep so light that this sound sufficed to wake them momentarily. The standard duration of sleep necessary for adults is 8 to 9 hours; for old people, 5 to 6 hours, and for children, 12 hours.

56. Day Restlessness

Alcoholism, Chronic
 Dysentery
 Dyspnoea (1223)
 Enteric (3rd week)
 Glossitis
 Hydrophobia, i.
 Hyperæmia of Brain
 Laryngitis
 Meningitis, Simple, i.
 Myocarditis, Acute
 Tapeworm
 Throat Affections

57. Sleeplessness or Insomnia

Anæmia, Severe
 Aortic Regurgitation
 Arterio-sclerosis
 with morning somnolence
 Cold Extremities
 Collapse of Lungs
 Constipation
 Delirium Tremens
 Dilatation of Heart
 Dysentery
 Dyspepsia
 Dyspnoea (1223)
 Flatulence
 Gastritis, Chronic
 Gout
 Hyperæmia of Brain
 Kidney Cirrhosis of

Liver, Cirrhosis of
 Mania
 Melancholia
 Meningitis, i.
 Neurasthenia
 Paralysis, General
 Pneumonia, Acute
 Rickets
 Stomach, Atony of
 Teething
 Trichinosis
 Valvular Disease

Other causes are mental strain or emotions; pain, late meals, late use of tea or coffee, and unconscious hunger.

58. Night Terrors

The child wakes up in the night, shrieking and bewildered.

Adenoids
 Colitis
 Dentition
 Epilepsy
 Frights
 Hysteria
 Indigestion
 Lithæmia
 Mucous Colitis
 Rheumatism

NIGHT TERRORS—*continued*

Syphilis, Hereditary
Tonsils, Enlarged
Worms

Some cases are accounted for by a real, but, to the patient, an 'uncanny' noise.

59. Nightmare and Starting

Adenoids
Aortic Regurgitation
Delirium Tremens
Dyspepsia
Emboli, Small Cerebral
Encephalitis, I.
Hyperæmia of Brain
Hypertrophy of Heart
Meningitis
Mental Exhaustion
Neurasthenia
Teething
Tonsils, Enlarged
Worms

Nightmare is often caused by insufficient bed-clothes or by the head slipping off the pillow.

60. Narcolepsy

A sudden paroxysm of sleep in the midst of some occupation.

Hysteria
Jaundice
Nephritis, Chronic
Petit Mal
Stomach, Overloaded

61. Drowsiness or Stupor

Abscess of Brain, I.
Acute Yellow Atrophy

Alcoholism Acute, II.

„ Chronic

Anæmia (x)

Asphyxia

Atony of Stomach
after meals

Bromism

Cerebellar Disease

Chlorosis

Cold, Intense

Concussion of Brain

Cyanosis

Diabetic Coma

Dilatation of Heart
daytime

Dyspnœa (1223)

severe cases

Encephalitis

Embolism (clot)

„ (fat)

Epilepsy, II.

Gangrene of Lung

Hæmatoma of Dura Mater

Hæmoglobinuria, Infantile

Hæmophilia, III.

Hydrocephalus

Intermittent Fever

end of paroxysm

Intermittent, Pernicious

Jaundice (392)

Lithæmia

after meals

Liver Disorders

Meningitis, Cerebrospinal, II.

„ Simple, II.

„ Tuberculous, II.

Narcotic-poisoning

Neurasthenia

Plague

DROWSINESS OR STUPOR —

continued

Remittent Fever
 Septicæmia, III.
 Softening of Brain
 Spina bifida, III.
 Trypanosomiasis
 Typhic State (62)
 Typhus
 Uræmia

62. Typhic State or 'Typhoid State'

The expression 'Typhoid State' is misleading as it refers to Typhus, not Typhoid Fever.

*Acute Yellow Atrophy
 Anthrax
 Appendicitis, III.
 Dysentery (term.)
 Endocarditis, Septic
 *Enteric, Severe
 Erysipelas, Severe
 *Extravasation of Urine
 Hepatic Abscess
 Hydatids, Suppurating
 Jaundice, Severe
 Pernicious Malaria
 Phosphorus-poisoning
 Plague
 *Pneumonia, Septic
 Ptomainism
 Portal Thrombosis, Suppurating
 Scarlatina, Malignant
 *Septicæmia
 Typhus, Malignant
 Variola, Malignant
 (See 1829)

63. Coma Vigil

The patient rouses when spoken to, but immediately relapses again into coma.

Commencing Coma (64)
 Delirium Tremens
 Enteric Fever, III.
 Septicæmia
 Typhic State

64. Coma

A deep stertorous sleep from which it is impossible to rouse the patient.

Addison's Disease, III.
 *Alcoholism, Acute
 temperature subnormal
 Amyloid, III.
 *Apoplexy
 *Asphyxia
 Atrophy, Acute Yellow
 „ of Kidney, Acute
 Cholangitis, Chronic Fibrous
 *Compression of Brain
 Coal-gas-poisoning
 Diabetes, III.
 Disseminated Sclerosis, III.
 Embolism of Brain
 Encephalitis, III.
 Erysipelas, Severe
 Exposure to Cold
 Fat Embolism
 *Fracture of Skull
 General Paralysis, III.
 Glanders, III.
 Gout, III. (x)
 Hæmatoma of Dura Mater
 Hyperpyrexia
 Jaundice (x)
 Meningisme

COMA—*continued*

Meningitis, III.

simple, tuberculous, or
cerebro-spinal

Myxœdema, III.

Narcotic-poisoning

Pernicious Anæmia, III.

„ Intermittent

Remittent Fever

(severe)

Scarlatina maligna

Softening of Brain, Extensive

*Sunstroke

Thrombosis of Brain

Tumours of Brain, III.

*Uræmia

Variola maligna

65. Unconsciousness without

Coma

Addison's Disease

Anæmia of Brain

Anæsthesia, Incomplete

*Aortic Stenosis

Atrophy of Heart

Bell's Mania

Catalepsy

incomplete

Collapse

incomplete

Concussion of Brain

rarely complete

Epilepsy, II.

except Jacksonian form

Ergotism, Spasmodic

Faints

*Fatty Degeneration of Heart

Gouty Heart

Hypnotism

Hysteria

the eyelids often quiver

Hystero-epilepsy

*Internal Hæmorrhage

Malformation of Heart

*Malingering

Shock

Sunstroke

Syphilitic Heart

Syncope

Trance

(See *Coma*, 64 ; *Faintness*,
230)

66. Momentary Unconsciousness

Cerebral Embolism

minute plug

Cerebral Hæmorrhage

minute clot

General Paralysis

Laryngeal Vertigo

Petit Mal

Stokes-Adams' Disease

67. APPETITE

68. Increased (Bulimia)

Bulimia Neurotica
 Chlorosis
 *Convalescence from Fevers
 *Diabetes
 Dilatation of Stomach (x)
 Epilepsy
 Ergotism
 Exophthalmic Goitre
 Gastralgia
 Gastritis, Chronic (x)
 Hooping Cough
 Hyperchlorhydria
 Hysteria
 Insanity
 Iodism
 Neurasthenia (x)
 Pregnancy
 Tumour, Cerebral
 Softening, Cerebral
 Ulcer of Stomach (x)
 Worms

69. Diminished (Anorexia)

Abscess of Liver
 Ague (præm.)
 *Alcoholism, Chronic
 Anæmia
 *Anorexia nervosa
 Arsenic-poisoning

Atony of Stomach
 Atrophy of Stomach
 *Cancer of Stomach or Liver
 Cirrhosis of Stomach
 Coeliac Disease
 Constipation
 Coryza
 Cystitis
 Delirium Tremens
 Duodenal Catarrh
 Dysentery, III.
 Empyema
 *Fæcal Accumulation
 Gastritis, Acute
 Hepatitis, Acute
 *Influenza
 Melancholia
 Peritonitis, Chronic
 *Pyrexial Affections (295)
 Suppuration

70. Morbid (Pica)

The patient eats nails,
 needles, or even dis-
 gusting substances.

Anæmia
 Chlorosis
 *Hysteria
 Idiocy
 *Insanity
 Pregnancy

71. THIRST

This is usually the expression of deficiency of water, or of excess of salts, in the blood, and occurs, therefore, where there is loss of fluid by sweating, vomiting, diarrhœa, polyuria, hæmorrhage or high temperatures on the one hand, and much salted food on the other.

72. Increased

Abdominal Injuries

Ague

Arsenic-poisoning

Cancer of Stomach

Cholera

*Diabetes

,, Insipidus

,, 'Phosphatic'

Diarrhœa

Dilatation of Stomach

Gastritis, Acute and Chronic

Glossitis

Gout

*Hæmorrhage

*Hyperidrosis

Hysteria

Intestinal Obstruction

Kidney, Cirrhosis of

*Pyrexial Diseases (295)

Sunstroke

Tetanus

Xerostoma

73. MENSTRUATION

The menses usually appear about the age of fourteen, but they have been known to begin as early as eight. The average age for their cessation is forty-six, though they are usually irregular in their appearance for the last two years or more, and are normally absent during pregnancy and lactation.

74. Amenorrhœa (Menses Absent)

The menses may fail to *appear* owing to congenital defects or to injuries received in childhood (Primary Amenorrhœa); or, they may fail to *re-appear* (Secondary Amenorrhœa).

Absence of Uterus, Ovaries,
or Vagina

Acromegaly, II.

Addison's Disease

Alcoholism, Chronic

*Anæmia

Anorexia Nervosa

Atrophy of Uterus

Cachexia, Cancerous

„ Syphilitic

Cervical Catarrh

*Chlorosis

Colitis

Cretinism

*Diabetes

Ectopic Gestation

Endometritis

Enteric Fever

Exophthalmic Goitre

Fibroids

Hysteria

Imperforate Hymen

„ Os

Lead-poisoning

Leukæmia

Lymphadenoma

Malarial Cachexia

Melancholia

Mercurialism

Metritis

Morphinism

Myxœdema

Nephritis, Chronic

Obesity

Oöphoritis

Ovarian Cysts, Double

Parametritis

Pelvic Adhesions

*Phthisis

Renal Insufficiency

Rheumatism, Acute

Scarlatina

Superinvolution

Tuberculous Kidney

Ulcer of Stomach

The menses may also fail to appear owing to change of air or of occupation, to frights, and to intellectual strain or worry.

- 75. Dysmenorrhœa (Painful menstruation)**
- *Anæmia
 - Anteflexion
 - Cancer
 - Cervix, Long Conical
 - Chlorosis (x)
 - Congestion, Uterine
 - dull pain
 - Deflection of Canal
 - Ectopic Gestation
 - shreds or decidua vera
 - *Endometritis
 - Fibroids, Uterine
 - Gout
 - Hypertrophy of Uterus
 - Neuralgia
 - Neurosis
 - Obstruction
 - from clots, shreds, membranes, etc.
 - Oöphoritis
 - Ovary, Small Cystic
 - Peritonitis, Pelvic
 - Polypus
 - *Retroflexion
 - Retroversion
 - Rheumatism
 - Salpingitis
 - Stenosis of Canal
- 76. Menorrhagia (Excessive periodic flow) and**
- 77. Metrorrhagia (Intermediate Hæmorrhage)**
- *Abortion
 - Abraded Os
 - Adenoma Internum
 - Alcoholism
 - Anteflexion
 - *Cancer of Uterus
 - esp. near menopause
 - Chlorosis (x)
 - Cirrhosis of Liver
 - Congestion of Uterus
 - Ectopic Gestation
 - *Endometritis
 - Emmenagogues
 - Exophthalmic Goître
 - *Fibroids
 - Fungous Degeneration
 - Granular Os
 - Hæmatocele
 - Hæmophilia
 - Heart Disease
 - Hypertrophy of Uterus
 - Inversion
 - *Lead-poisoning
 - Leukæmia
 - Malaria
 - Menopause
 - Metritis (x)
 - *Miscarriage
 - Myxœdema
 - Nephritis
 - Oöphoritis
 - Ovaries, Displaced
 - Ovarian Growths
 - Pelvic Cellulitis
 - „ Peritonitis
 - Phosphorus-poisoning
 - Plethora
 - *Polypus
 - Prolapsus Uteri
 - Purpura
 - Pyometra
 - Retained Decidua
 - Retroflexion
 - Retroversion
 - Salpingitis
 - Sarcoma
 - Scurvy
 - Subinvolution
 - Syphilis

MENORRHAGIA AND METROR-

RHAGIA—*continued*

Uterus, Tuberculosis of
Vaginitis, Senile Granular
Variola, Malignant
Yellow Atrophy, Acute

78. Dyspareunia (Painful Coitus)

Anal Fissure
Bartholinitis
Caruncle
Cystitis
Gonorrhœa

Hæmorrhoids

Hymen, Partly Persistent
Hymeneal Orifice, Inflamed
Kraurosis Vulvæ
Labial Œdema
Metritis
Neuritis, Pudic
Oöphoritis, Adhesive
Ovary, Prolapsed
Perinæal Laceration
Urethritis
Vaginismus
Vulvitis

79. VAGINAL DISCHARGES

80. White Discharge (Leucorrhœa)

- *Anæmia
- Anteflexion (x)
- Bartholinitis
- duct external to hymen

*Cervical Catarrh

*Endometritis, Chronic

Erosions, Cervical

Fibroid Tumours

Gleet

*Gonorrhœa

Granular Cervix

Hypertrophied Cervix

Metritis, Chronic

Pelvic Peritonitis

Polypus

Prolapsus Uteri

Salpingitis

Sarcoma of Uterus

Tubal Colic

intermittent

Vaginitis, Catarrhal

,, Granular

Worms (children)

81. Sanguineo-purulent Discharge

*Cancer of Uterus

*Endometritis, Hæmorrhagic

*Endometritis, Purulent

*Endometritis, Septic

Endometritis, Senile

Metritis, Acute

Pelvic Abscess

discharging

Polypus

82. Offensive Discharge

Abscess, Pelvic

Cancer of Uterus

*Death of Fœtus

Endometritis, Chronic

,, Senile

,, Septic

Fibroids, Sloughing

Polypus, Cervical

Puerperal state

moderately so

*Retained Decidua

83. Shreds and Membranes

*Abortion

Diphtheria

Ectopic Gestation

*Membranous Dysmenorrhœa

*Miscarriage

*Puerperal Decidua

84. Emission of Gas

Garrulitas Vulvæ

noisy

Recto-Vaginal Fistula

85. SENSIBILITY

The sensory paths are divided into—

Protopathic Cutaneous Sensibility—including pricking, faradisation, freezing, and burning.

Epicritic Cutaneous Sensibility, which includes light touches, and fine differences in temperature.

Deep Sensibility comprising recognition of pressure pain, sensation from muscles and joints, and the vibration sense. The fibres run chiefly with the muscular nerves.

When a peripheral nerve is divided, a small and well-defined area, in which both epicritic and protopathic sensibility are absent, is surrounded by a large ill-defined area in which only epicritic sensibility is abolished. But, when the nerve-root is divided, the areas of epicritic and protopathic sensibility coincide. In cord lesions, there are no partial changes; it is a case of all or none; whether with sensibility, temperature-sense, or position-sense.

86. PAIN

Pain due to, or increased by, the breaking down of resistance in the higher centres is commoner on the left side. Thus, the pain from old uterine cancer is six times commoner on the left than on the right side. Pressure on the trunk of a nerve produces pain or tingling at the nerve termination.

It is often difficult to estimate the degree of pain felt, for the patient's statement cannot always be relied upon. Some information may be obtained by a scrutiny of the expression, and some from the time spent in sleep. If a patient professes to be in constant acute pain, and nevertheless sleeps four or five hours at a stretch, credence must be withheld. Further, were anything like intense pain present, evidence of it would be found in the hard pulse, the quickened breathing, the dilated pupils, and the clammy skin. On the other hand some patients make too light of the pain felt. The pain in hysterical and neurasthenic patients is less marked when the attention is diverted. It is difficult to determine the seat of pain in an infant, but the nature of the cry (1233), the expression, and Jadelot's Traits (408), will usually provide a clue.

87. General Pain

‘ Pain all over ’

Anæmia

Anterior Poliomyelitis, Acute
onset

*Dengue

Diabetes

Fevers, Onset of

‘ Growing Pains ’

∪ rheumatic

Gout

Infantile Scurvy

*Influenza

Lead-poisoning

Lithæmia

Locomotor Ataxy

Meningitis, Spinal

Multiple Neuritis

Nephritis, Chronic

Osteomalacia

Periarteritis Nodosa

*Rheumatism

Rickets

Scurvy

Syphilis

Trichinosis

88. REGIONAL PAIN

HEADACHES.—The symptom is too common to be of much value ; but it may be noted that cerebral headaches are worse at night and often paroxysmal. High tension headaches and those connected with gastric disturbance are of a throbbing character and are often relieved by the recumbent posture. Of headaches due to eyestrain, those arising from Astigmatism are usually worse in the morning, while those due to other causes are worse in the evening.

89. Frontal Headache

Adenoids

*Anæmia

Enteric Fever

 ceasing when delirium
 appears

Eyestrain

Fevers

prodromal stages

*Frontal Sinus Obstruction

Gastritis

Glaucoma

Hæmatoma of Dura Mater

Iritis

Lithæmia

Malaria

Neurasthenia

Periostitis

Syphilitic Nodes

Thrombosis of Sup. Long.
Sinus

Trigeminal Neuralgia

Uræmia

90. Occipital Headache

*Adenoids

*Asthenopia

Buhl's Disease

*Cerebellar Tumours

‘ headache of effort ’

Cerebro-spinal Meningitis

Cervico-occipital Neuralgia

Cirrhosis of Kidney

*Constipation

Diabetes

OCCIPITAL HEADACHE—con- *tinued*

Epilepsy
Eyestrain
Gout
Locomotor Ataxy
Naso-pharyngeal Disease
 Legal's Disease
Nephritis, Chronic
*Neurasthenia
 Pharyngitis
 Rheumatism
 Sphenoidal Disease
*Syphilis
 Syringomyelia
 Tongue Lesions, Basal
 Uterine Diseases
(See *Nucha*, 100)

91. Unilateral Headache

Adenoids
Antral Abscess
Bone, Diseased
Cancer of Tongue
Carious Teeth
Dysmenorrhœa
Eyestrain, Unilateral
Gouty State
*Hysteria
 clavus
 Mastoid Abscess
*Migraine
 Nephritis, Chronic
 Otitis Media
 Polypus, Nasal
*Trigeminal Neuralgia
 paroxysmal
 Tumour, Cerebral
*Wax in Meatus

92. Pain at Vertex

Anæmia
Chlorosis
Constipation
Epilepsy
*Hysteria
*Neurasthenia
 'helmet headache'
Uterine Diseases

93. Unclassified Headaches

Abscess of Brain
Addison's Disease
Ague
Alcoholism
*Amenorrhœa
*Anæmia
 Apoplexy (præm.)
 Arsenic-poisoning
 Asthma
 Atony of Stomach
 Aura Epileptica
 Catalepsy
 Chlorosis
 Cinchonism
 Cirrhosis of Kidney
 worse in morning
 Compression of Brain
 Congestion of Liver
*Constipation
*Coryza
 Dengue
 Diabetes
 Dilatation of Stomach
 Disseminated Sclerosis
 Duodenal Catarrh
*Dysmenorrhœa
 Dyspepsia
 Dyspnœa (x) (1223)

UNCLASSIFIED HEADACHES—

continued

Embolism, Cerebral
 Encephalitis
 Epilepsy
 Erysipelas
 Exophthalmic Goitre
 General Paralysis
 Glandular Fever
 Glaucoma
 Gouty state
 Hæmatoma of Dura Mater
 circumscribed
 *Hæmorrhage
 *Hay Fever
 Hereditary Cerebellar At-
 axy
 Hydrocephalus
 Hyperæmia of Brain
 Hypertrophy of Brain
 „ of Heart
 *Hysteria
 *Incubation of Fevers
 *Influenza
 Iritis
 Jaundice
 Lactation, Prolonged
 Lead-poisoning
 Leontiasis Ossea
 Leucorrhœa
 Lithæmia
 Measles
 Meningitis
 „ Cerebro-spinal
 Menopause
 Mental Overstrain
 Morphinism
 Nephritis
 *Neuralgia
 *Neurasthenia
 Oöphoritis

Oxaluria
 Pachymeningitis
 Plague
 Pneumonia, Acute
 Polycythæmia, Splenome-
 galic
 Polypus, Nasal
 *Pyrexia (295)
 Relapsing Fever
 Remittent Fever
 *Rheumatism
 Softening of Brain
 Spur of Septum
 Sunstroke
 Syphilis
 Tapeworm
 *Tension, High Arterial
 Thrombosis, Cerebral
 Tumour of Brain
 except when in c. callosum
 Turbinate Bone, Enlarged
 Typhus
 Uræmia
 Valvular Disease
 Variola, i.
 Weil's Disease

Headache is often caused
 by impure air, fatigue,
 flatulence, and depression
 after excitement. It is
 also said to be caused by
 imperfect coagulability
 of the blood.

94. Eyeballs

Conjunctivitis
 *Coryza
 *Eyestrain
 Glaucoma
 Injuries
 Iritis

EYEBALLS—continued

Keratitis

Migraine

*Neuralgia of Fifth Nerve

Ophthalmoplegia interna

Panophthalmia

Sphenoidal Sinusitis

(See *Photophobia*, 561)**95. Earache**

*Abscess, Alveolar

,, Mastoid

Anæmia

Aneurysm of Innominate

Caries of Temporal Bone

Chloroma

Eczema of Meatus

*Foreign Body in Meatus

Furuncle in Meatus

Gland, Inflamed Mastoid

Herpes Auris

Injuries

Larynx, Ulcer of

Mastoiditis

Mumps

Neuralgia, Trigeminal

*Otitis Media or Interna,

Acute

Perichondritis, Acute

Pharynx, Ulcerated

Polypus

*Pulpitis, Dental

lower molar

Rheumatism, Temporo-

maxillary

Sphenoidal Sinusitis

*Teething

Tongue, Cancer of

,, Ulcer of

Toxæmia

96. Nose

*Antral Disease

*Foreign Body

*Frontal Empyema

Glanders

Syphilis

97. Upper Jaw

*Abscess, Alveolar

,, of Pulp

Antrum, Disease of

*Cancer

Caries

Exostosis, Dental

*Neuralgia, Sup. Max.

Periodontitis

Periostitis

Pulpitis

Salivary Calculus

98. Lower Jaw

*Abscess, Alveolar

*Abscess of Pulp

Actinomycosis

Caries

Exostosis, Dental

Fracture

Mumps

*Neuralgia, Inf. Max.

Periodontitis

Pulpitis

Salivary Calculus

99. Neck

*Abscess

Caries, Cervical

Glandular Fever

Innominate Aneurysm

Lymphadenoma

Polymyositis

*Rheumatism

Serratus Palsy

*Strain

Syringomyelia

94-99

100. Nape of Neck (Nucha)

Cerebellar Disease
 Cerebro-spinal Meningitis
 *Cervico-occipital Neuralgia
 Muscles, Sprained
 *Neurasthenia
 Pharyngitis
 Refraction Error
 *Rheumatism
 Spinal Meningeal Hæmor-
 rhage
 Tetanus

101. Throat

Cancer
 Concretions in Tonsil
 Crico-arytenoid Arthritis
 *Diphtheria

***Foreign Body**

Laryngitis

***Naso-pharyngeal Catarrh**

Pharyngitis

Poisoning by—

Aconite

Cantharides

Conium

Corrosives

Irritants

Post-pharyngeal Abscess

Quinsy**Scarlatina*****Tonsillitis**

Tuberculous Pharyngitis

„ Tonsillitis

***Uvula, Swollen**

(See *Dysphagia*, 693)

102. PAIN IN BACK**103. Spinal Pain**

Apoplexy, Spinal
 circumscribed
 Aneurysm, Abdominal
 „ of Descending
 Aorta
 Cancer of Liver
 „ of Spine
 Caries of Vertebrae
 Cerebro-spinal Meningitis
 Compression of Cord
 Disseminated Sclerosis
 esp. the paraplegic form
 External Spinal Pachymen-
 ingitis
 Hyperæmia of Cord
 *Hysteria
 Meningitis, Internal Spinal
 Mollities Ossium

Myelitis

Neuralgia**Neurasthenia**

Osteomyelitis

Osteitis Deformans

Rheumatoid Arthritis

esp. cervical

Salpingitis

esp. 11th and 12th dorsal

Spinal Meningeal Hæmor-
 rhage

Spondylose Rhizomélisque

Sprains

increased by rotation

Syringomyelia

Traumatic Spondylitis

Tuberculous Spinal Menin-
 gitis

SPINAL PAIN—*continued*

Tumour of Cord

*Ulcer of Stomach

lumbo-dorsal

(See *Interscapular Pain*, 107)

104. Coccygeal Pain

Pain at extremity of spine

*Coccygodynia

Fissure of Anus

Fistula

*Hæmorrhoids

Injuries

Periproctitis

*Rheumatism

Sacro-coccygeal Tuberculosis

*Uterine Diseases

105. Sacral Pain

Pain at lower part of spine.

Ataxic Paraplegia

Cancer of Rectum, Uterus,
or Testis

*Cervical Catarrh

*Dysmenorrhœa

*Endometritis

Fibroids

*Flexions of Uterus

Hæmorrhoids

Hip Disease

Inversion of Uterus

Metritis

*Neuralgia

Orchitis

Ovarian Disease

Pelvic Peritonitis

*Prolapsus Uteri

Retroversion

Sacro-iliac Disease

Salpingitis

Sarcoma of Uterus

*Scybala

Spinal Apoplexy

Subinvolution

Tumours of Uterus

Venery, Excessive

106. Lumbar Pain

Abscess, Lumbar

,, Perinæal

,, Rectal

Aneurysm, Abdominal

Appendicitis

*Calculus, Renal

unilateral

*Calculus, Vesical

Cancer of Spine

,, of Stomach

Caries of Spine

Cauda Equina, Tumour of

Chorea

Chyluria

Curvature, Lateral

*Cystitis

Dengue

'Diabetes, Phosphatic'

Dysmenorrhœa

Embolism, Renal

Enteroptosis

*Fæcal Accumulation

*Fatigue

Flatulence

*Gravel

Hernia

Hydatids

Hydronephrosis

Infantile Paralysis

onset

*Influenza

Kidney, Floating

,, Tuberculous

LUMBAR PAIN—*continued*

Kidney, Cancer of

Lithæmia

Locomotor Ataxy
crisis

*Lumbago

Meningitis, Internal Spinal

,, Tuberculous

Spinal

Miscarriage

Nephralgia

Nephritis, Acute

,, Suppurating

Neuralgia, Lumbo-abdomi-
nal

Neurasthenia

Oöphoritis

Pachymeningitis, External
Spinal

Parasite of Kidney

*Parturition

Perinephritis

Pleurisy (onset)

Polycythæmia, Splenome-
galic

Prostatitis

Pyelitis

Pyonephrosis

Remittent Fever

Retroflexion

Thrombosis, Renal

Tumour, Abdominal

Typhoid Spine

Variola, I.

** A common cause of lumbar
pain is the wearing of
high-heeled boots.

107. Interscapular Pain

Aneurysm of Descending
Aorta

Atony of Stomach

Cancer of Stomach
cardiac end

Caries of Dorsal Spine

Cerebellar Tumour

Cirrhosis of Stomach

*Flatulence

*Gastric Irritation

,, Ulcer

Gastritis

Mediastinal Abscess

,, Tumour

*Rheumatism

Tumour of Cord

108. PAIN IN CHEST

109. Mamma

*Abscess, Mammary

,, Retromammary

,, Tuberculous

*Cancer

*Cracked Nipple

Cyst, Multiple

Ectopic Gestation

Hysteria

Lobular Induration

Mastitis, Chronic

Menstruation (x)

*Neuralgia

Obstructed Lacteal Duct

Ovarian Disease

*Pregnancy

110. Sternum

Aneurysm, Thoracic

Angina Pectoris

retro-sternal (Beaumé's
Sign)

Aortitis

Bronchial Calculus

STERNUM—*continued*

Bronchial Glands, Enlarged
 Bronchitis, Acute, *i.*
 Caries of Sternum or Spine
 Foreign Body in Lungs

*Gastric Irritation

Influenza

Locomotor Ataxy

Mediastinal Abscess

„ Tumour

Oesophagismus

Spinal Apoplexy

Syphilis

111. *Præcordium*

This is often hyperæsthesia
 rather than pain.

Anæmia

Aneurysm

„ of Heart

*Angina Pectoris

Aortic Cusp, Rupture of

„ Regurgitation

Arsenic poisoning

Beri-beri

*Endocarditis

Epilepsy

Fibroid Disease of Heart

*Flatulence

Functional Heart Disorder

Gastritis

*Gastralgia

Gout

*Heartburn (220)

Heartstrain

*Hysteria

Myocarditis, Acute

Pericarditis

*Pseudangina

Syphilitic Heart

Thrombosis of Pulmonary
 Artery

Valvular Disease

especially aortic

112. *Pain in Side*

Caries of Spine

Cholecystitis

*Fæcal Accumulation

*Flatulence

Fracture of Spine

pressure of callus on nerve

Herpes Zoster

„ on right side

Hysteria

*Intercostal Rheumatism

*Intercostal Neuralgia

„ 6th to 9th rib. If
 bilateral, 'girdle pain'

Pleura, Cancer of

*Pleurisy, Acute, *i.*

*Pneumonia, Acute

Pneumothorax

onset

Ribs, Carious

„ Fractured

Spondylose Rhizomélisque

Willez's Disease

113. *Right Hypochondrium or
 Pain over the Liver*

Abscess, Hepatic

„ Perinephric

„ Subphrenic

Cancer of Colon

„ of Duodenum

„ of Liver

„ of Pancreas

„ of Pylorus

„ of Stomach

RIGHT HYPOCHONDRUM —

continued

- *Cholecystitis
- Cirrhosis of Liver
- Colic, Right Renal
- Constricted Liver
- Cyanotic Liver
- Distoma Hepaticum
- Empyema of Gall-bladder
- *Gallstones
- Hepatitis, Acute
- Herpes Zoster
- Hydatids, Inflamed
- Movable Kidney
 - Dietl's crisis
- Neuralgia, Intercostal
- Periarteritis Nodosa
- Perihepatitis
- Peritonitis
- Pleurisy
- Pneumonia
- Sprain
 - 'bowler's side,' etc.
- Syphilitic Liver
- Ulcer, Duodenal
- Yellow Atrophy, Acute

114. Left Hypochondrium

Pain under the lower left
ribs, in front.

- Abscess, Perinephric
 - „ Subphrenic
- Anæmia
- Aneurysm, Abdominal
- Cancer of Colon
 - splenic flexure
- Cancer of Stomach
- *Colitis
- *Fæcal Accumulation

- Gastric Catarrh
- Gastroptosis
- Herpes Zoster
- Malaria
- Movable Kidney (x)
- Neuralgia, Intercostal
- Peritonitis
- Pleurisy
- Renal Colic
- *Spleen, Enlarged
- Splenic Infarct
- Ulcer of Stomach

115. Unclassified Chest Pain

- Abscess, Mediastinal
- Adiposis Dolorosa
- Aneurysm
 - „ Dissecting
- Atony of Stomach
- Bronchitis
- Cancer of Lung
- Diaphragm, Neuralgia of
- *Dyspepsia
- Emphysema
- Herpes Zoster
 - even before vesicles appear
- Mollities Ossium
- Myalgia
- Neurofibromata
- Phthisis, Acute
- Pneumothorax
 - onset
- Pulmonary Embolism
 - sudden
- *Rheumatism
- *Sprained Pectorals
- Syphilitic Periostitis
- Tumour of Mediastinum

116. PAIN IN ABDOMEN

Pain in the middle line points to the large intestine if in the hypogastric region, the small intestine if in the umbilical, and the stomach if in the epigastric. A gastric ulcer is at the cardiac end if the pain is subxiphoid (MACKENZIE).

117. Epigastrium or Pit of Stomach

Abdominal Angina
Abscess, Subphrenic
Acute Yellow Atrophy
Addison's Disease
Aneurysm, Abdominal
Appendicitis Larvata
 not relieved by vomiting
Arsenic-poisoning
*Atony of Stomach
Cancer of Pancreas
 ,, of Pylorus
 ,, of Stomach
Caries of Spine
Cholecystitis, Acute
Cholera, Asiatic
Cirrhosis of Stomach
Dilated Right Ventricle
*Dilatation of Stomach
*Distended Trans. Colon
Enteroptosis
Gallstones
'Gout of Stomach'
*Gastric Irritation
Gastralgia
Gastro-Intestinal Adhesions
Gastro-cholecyctic Adhesions
Gastritis, Acute Erythematous
*Gastritis, Chronic
Hepatoptosis
Hernia, Small Epigastric

*Hyperchlorhydria

3 to 4 hours after a meal
and continued till the next meal ('Hunger Pain')

Intercostal Neuralgia

Irritant-poisoning

Liver, Abscess of

,, Cancer of

,, Cyanotic

Locomotor Ataxy

gastric crisis

Pancreas, Cancer of

Pancreatic Calculus

Pancreatitis, Acute

Pericarditis (x)

Perihepatitis

Pleurisy, Diaphragmatic (x)

Pneumonia

in children

*Strain of Recti Muscles

from coughing or vomiting

Thrombosis, Pulmonary (x)

Ulcer of Duodenum

2 hours after food

*Ulcer of Stomach

circumscribed pain, π 15
minutes after food

Yellow Fever

118. Umbilicus

Abscess, Peritoneal

Cancer of Colon

,, Secondary

Cyst, Sebaceous

UMBILICUS—*continued*

*Gallstones

Gastric Ulcer

u above and to right of
navel

*Hernia

Omental Cancer

Oöphoritis

to one side of navel

Spine, Caries of

Recti, Divarication of

119. Hypogastrium and Pelvis

Amenorrhœa

Bladder, Cancer of

„ Distended

„ Tubercle of

„ Ulcer of

Calculus

Cancer of Uterus

Chyluria

*Cystitis

*Dysmenorrhœa

*Endometritis, Chronic

„ Gonorrhœal

„ Hæmorrhagic

„ Septic

Fibroid, Uterine

Hypertrophy of Uterus

Inversion of Uterus

Metritis, Acute

Mittelschmerz

intermenstrual, usually
due to Salpingitis

Mollities Ossium

Neuralgia of Bladder

„ of Uterus

*Oöphoritis

Pancreatitis

Pelvic Abscess

„ Hæmatocele

Pelvic Peritonitis

Perforation of Bowel

sharp and sudden

Pericystitis

Phleboliths, Pelvic

*Prolapsus Uteri

Pyelitis

Retroversion

Salpingitis

Subinvolution

Tubal Colic

„ Foetation

Tumour of Cord

120. Iliac or Ovarian

*Appendicitis

right

Cæcum Mobile

Cancer of Uterus

Cervix, Eroded

Colitis

Diverticulitis

left iliac

*Dysmenorrhœa

Enteric Fever

right iliac

Floating Rib

pressing on crest of ileum

*Hernia

*Loaded Cæcum

right iliac

*Loaded Sigmoid

left iliac

Neuralgia, Twelfth Dorsal

*Neurasthenia

Oöphoritis

Prolapsus Uteri

Renal Calculus

Retroflexion

ILIAC OR OVARIAN—*continued*

Salpingitis
Sigmoiditis
Ureteral Calculus
Varicocele

121. Groin, Pain in

Often reflex

Abscess, Spinal
Calculus
Cancer of Rectum
Corn, Inflamed
Hæmorrhoids

*Hernia, Inguinal
,, Obturator
,, Umbilical

Meckel's Diverticulitis

*Ovary, Prolapsed
Polypus, Rectal
Rider's Sprain
Saphenous Varix
Talipes Valgus
Tibia, Old Fracture of
,, Osteoma of
Testicular Cysts
*Varicocele

122. Colic

Including gastric crises.

Abortion
Appendicular Colic
Cancer of Bowel
Colitis
Diarrhœa
Dysentery
Food-poisoning
Foreign Body in Bowel
Gallstones
Henoch's Purpura
Hernia, Strangulated
Hydronephrosis

Influenza
Intestinal Concretion
Intussusception
Lead-poisoning
Locomotor Ataxy
Neuralgia, Intestinal
Ovarian Cyst
twisted pedicle
Pancreatic Calculus
Peritonæal Adhesions
Pyloric Stenosis
Renal Calculus
Rheumatism, Intestinal
Scybala
Uterine Fibroid
Ureteral Calculus

123. Unclassified Abdominal Pain

Abscess, Subphrenic
Achyilia Gastrica
Aneurysm, Abdominal
Aortic Regurgitation
Cancer
Caries, Spinal
Cholera

*Colic
Colitis
*Diarrhœa
*Dyspepsia
Ectopic Gestation
Embolism of Sup. Mesenteric
Enteritis
Enteroptosis
Enterospasm
*Fæcal Accumulation
Foreign Body
*Gallstones
*Gastralgia
Glands, Inflamed
Glandular Fever.

UNCLASSIFIED ABDOMINAL

PAIN—*continued*

Henoch's Purpura

gastric crisis

*Hernia

,, Diaphragmatic

Herpes Zoster

Hydronephrosis (when large)

Hysteria

Ileus

*Influenza (gastric form)

Intestinal Concretion

,, Obstruction

Intussusception

Irritant-poisoning

Kidney, Tuberculous

*Lead Colic

Leukæmia

Locomotor Ataxy

gastric crisis

Lymphadenoma

Meningitis, Spinal

Mesenteric Cysts

Myalgia

Neuralgia, Lumbo-abdo-
minal

*Neurasthenia

Ovarian Cyst

Pancreatic Disease

Perforation

Periarteritis Nodosa

Pericarditis (x)

Peritonitis

Pernicious Anæmia

Pleurisy, Diaphragmatic

,, Incipient (x)

Pneumonia

in children

Pneumothorax (x)

Polycythæmia, Splenome-
galic

Ptomainism

Rheumatic Fever

Rheumatism

Spinal Tumour

Tabes mesenterica

Thrombosis, Mesenteric

Ulcer of Intestine

Hypochondria (see *Chest*, 113,
114)

124. Perinæum

*Abscess, Ischio-rectal

,, Perinæal

,, Prostatic

Bartholinitis

Bladder, Tuberculosis of

Cancer of Bladder, Prostate
or RectumCalculus, Vesical or Pros-
tatic

Condylomata

Cystitis

Cystocele

Epithelioma, Vaginal

Extravasation of Urine

*Fissure of Anus

*Fistula

*Hæmorrhoids

Locomotor Ataxy

rectal crisis

Mania

Prostate, Adenomatous

,, Tuberculous

*Prostatitis

Rectum, Ulcer of

Seminal Vesiculitis

Testicle, Perinæal

Uterine Disease

Vaginitis, Acute

(see *Painful Defæcation*, 1082)

125. Rectum

Abscess, Ischio-rectal
 „ Prostatic
 Cancer of Bladder, Prostate
 Rectum, or Uterus
 Colitis, Membranous
 Condylomata
 Cystitis
 Dysentery
 burning
 Fissure of Anus
 Fistula
 Fæces, Impacted
 Foreign Body
 Hæmorrhoids
 Locomotor Ataxy
 rectal crisis
 Neuralgia, Rectal
 Perimetritis
 Salpingitis
 Ulcer, Rectal
 Vesiculitis, Seminal

126. Penis

Bladder, Cancer of
 peduncular
 Bladder, Tuberculous
 glans
 Bladder, Ulcer of
 „ Villous growth of
 Calculus, Ureteral
 „ Urethral
 „ Vesical
 in glans
 Cystitis
 Fissure of Anus (x)
 *Gravel
 Neuralgia

Prostate, Abscess of

„ Adenomatous
 „ Cancer of
 „ Tuberculous

Renal Colic (x)**Stone in Ureter*****Stricture****Urethral Granulations****Venery, Excessive**

* * Also too acid urine.

(See *Painful Micturition*,
 941)

127. Testicle**Abdominal Aneurysm**

„ Tumour

Calculus, Renal

„ Vesical

Cancer**Caries, Lumbar****Colon, Tumour of****Cysts****Embryoma*****Epididymitis****Gumma****Hernia****Hæmatocele****Hydrocele (x)**

„ Encysted

Injury**Neuralgia****Nodules in Epididymis*****Orchitis****Sarcoma****Torsion of Cord****Tuberculous Testis*****Varicocele****Venery, Excessive**

PAIN IN LIMBS

128. Shoulder

- Aneurysm of Innominate
- Angina Pectoris
 - ∩ left shoulder
- Aortic Disease
 - right shoulder
- *Atony of Stomach
- Cancer of Liver
 - angle of right scapula
- *Cervico-brachial Neuralgia
- *Colitis
- Dental Caries (x)
- Diaphragmatic Pleurisy
- Duodenal Catarrh
 - „ Ulcer
- *Fibrositis
- Hepatic Abscess
 - „ Colic
 - right shoulder
- Hepatic Congestion
- Hepatitis, Acute
- Mediastinal Tumour
- *Neuritis
- Pleurisy, Acute (x)
- Pneumonia (x)
- Progressive Muscular Atrophy, I.
- *Rheumatism
- Serratus Palsy
- *Synovitis (see *Joints*, 139)
- Tumour of Suprarenal Capsule
 - tip of shoulder-blade

129. Arm

- Adiposis Dolorosa
- Amyotrophic Lat. Sclerosis
- Aneurysm, Subclavian
- *Angina Pectoris
 - ∩ left
- Atonic Dyspepsia

- Brachial Neuralgia
- *Brachial Neuritis
- Caries, Cervical
- Cervical Rib
- *Cervico-brachial Neuralgia
- *Fibrositis
- Morvan's Disease
- Neurasthenia, Traumatic
 - course of musculo-spiral nerve
- Neuroma
- *Occupation Neurosis (27)
- Pachymeningitis, Cervical
- Paralysis agitans
- Progressive Muscular Atrophy
- *Rheumatism
- Syringomyelia
- Tumour, Spinal
- Valvular Disease (x)
 - (See *Limbs*, 138)

130. Hand

- Acroparæsthesia
- Chondroma
- *Gout
- Neuritis
- Neuroma
- *Occupation Neurosis (27)
- Raynaud's Disease
- Rheumatism
- *Rheumatoid Arthritis
- Teno-synovitis
- *Trauma
- Tubercle

131. Thigh

- Abdominal Tumour
- Aneurysm, Abdominal
 - radiating
- Aneurysm, Femoral or Popliteal

THIGH—continued

- Cancer of Rectum
- Caries, Lumbo-Sacral
- Colon, Growth on
- Dysmenorrhœa
- *Fibrositis
- Hip Disease
- Hysteria
- *Impacted Fæces
- Infantile Scurvy
- Locomotor Ataxy
- Lumbar Abscess
- Meningitis, Spinal
- Meralgia Paræsthetica
- Metritis
- *Neuralgia, Ant. Crural
- „ Obturator
- Neurasthenia
- *Neuritis
- Neuroma
- Ovarian Cyst
- Pelvic Cellulitis
- „ Tumours
- Perimetritis
- Periostitis, Femoral
- Pregnancy
- Psoas Abscess
- Renal Calculus
- Sacral Glands, Enlarged
- Sarcoma of Femur
- „ of Innominate
- *Sciatica
- Uterine Displacement
- Vesical Calculus

132. Howship-Romberg Sign

Numbness or pain on the
inner side of the thigh.

- Obturator Hernia
- „ Neuralgia

133. Leg

- Claudication Intermittente
- Friedreich's Disease
- Infantile Paralysis
- onset
- Lead-poisoning
- Leukæmia
- *Neuralgia, Ant. Crural
- inner side
- Neuralgia, Ext. Cutaneous
- Osteomyelitis
- Periostitis
- *Phlebitis
- Phlegmasia Alba Dolens
- Primary Spastic Paraplegia
- *Rheumatism
- Sciatica
- Spinal Meningitis
- Tuberculous Bone

134. Foot

- *Callosities
- *Corns, etc.
- Erythromelalgia
- *Flat Foot
- *Gout
- Locomotor Ataxy
- Metatarsalgia
- Movable Kidney
- Nail, Ingrowing
- Neurasthenia
- Ovarian Diseases
- sole
- Periostitis
- Plantar Neuralgia
- Prostatic Disease
- sole
- Raynaud's Disease
- Renal Calculus
- *Rheumatism
- Trauma
- Tuberculous Bone

135. Heel

Arthritis, Gonorrhœal

Calcanodinia

*Gout

Lithæmia

Neurasthenia

136. Heel-jar

The patient, standing on tip-toe, experiences a spinal pain on bringing the heels suddenly to the ground.

Spinal Caries

* * A similar pain, but felt in one loin, is produced by renal calculus, and in one hip, by hip disease.

137. Muscles (Myalgia)

*Alcoholism

Anæmia

Biliary Congestion

Cerebro-spinal Meningitis

Cholera

Coryza

Duodenal Catarrh

Enteric Fever

*Fibrositis

*Illness, Acute

onset and convalescence

*Influenza

*Invasion Stage of Exanthemata and Visceral Inflammations

Locomotor Ataxy

Milroy's Disease
crisis

*Muscular Rheumatism

*Occupation Neurosis (27)

Psittacosis

Relapsing Fever

Rheumatic Fever, I.

*Scurvy

Septicæmia

Sprain

Syphilis

Trichinosis

Tuberculous Meningitis, I.

Weil's Disease

calves

Muscular pain is also common after unaccustomed exertion, and when owing to some disablement, muscular movements have ceased to be automatic. (See *General Pain* 87)

138. Limbs, Pain in (Unclassified)

One or both.

Abdominal Tumours

Adhesions, Peritonæal

Ague (præm.)

Appendicitis

Beri-beri

Caisson Disease

Cancer of Rectum

simulating sciatica

Cancer of Bone

Cauda Equina, Tumour of

Compression of Cord

Dengue

Diabetes

sometimes 'lightning'

Erythromelalgia

of the swellings

Exostosis

Fevers

invasion stage

General Paralysis, I.

Glanders

Hæmophilia

Hysteria

Impacted Embolism

*Influenza

Kidney, Floating

LIMBS, PAIN IN—*continued*

Kink, Ileal
 Lead-poisoning (x)
 Lipomatosis Neurotica
 in the fatty patches
 Locomotor Ataxy
 'lightning' or rheumatoid
 Mollities Ossium
 *Multiple Neuritis
 Muscle, Rupture of
 e.g. plantaris
 Myalgia (137)
 Myelitis
 Myelosarcoma
 Myositis
 Neurasthenia
 *Occupation Neurosis
 Oöphoritis
 Osteitis
 Paralysis Agitans
 Periarthritis Nodosa
 Periostitis
 Phthisis, Advanced
 Plague
 Progressive Muscular
 Atrophy
 Remittent Fever
 *Rheumatism
 *Rickets
 Softening, Chronic
 Spinal Apoplexy
 ,, Meningitis
 Strains
 Syphilis
 Tetanus
 Thrombosis
 Tonsillitis, Follicular
 Trichinosis
 Tuberculous Bone
 *Urticaria
 Uterus, Cancer of (x)
 Wasting Diseases (311)

139. Joints

Arthritis, Gonorrhœal
 ,, Pneumococcal
 ,, Post-febrile
 ,, Rheumatoid
 Caisson Disease
 Cartilage, Displaced
 Chorea (x)
 Compression of Cord
 Coxa Vara
 sometimes begins in knee
 *Fibrositis
 Glanders
 *Gout
 'Growth Fever'
 epiphyses
 Gums, Septic
 *Hip Disease
 knee first
 Hydrarthrosis, Intermittent
 'Hysterical Joint'
 Infantile Paralysis
 onset
 *Injuries
 Lead-poisoning
 Locomotor Ataxy
 Loose Cartilage
 Malta Fever
 Myelitis, Acute
 Myelosarcoma
 Neuralgia
 Obturator Hernia
 knee
 Peliosis Rheumatica
 Phthisis, Advanced
 Pyæmia
 Recklinghausen's Disease
 *Rheumatism, Acute
 *Rheumatism, Chronic
 Rickets

JOINTS—*continued*

Scurvy

*Synovitis

Syphilis

Syringomyelia

*Tuberculous Joint

140. CHARACTER OF PAIN

The personal equation must be allowed for. Men are more sensitive to the æsthesiometer than are women.

141. Sharp

Acute Inflammation of Serous or Synovial Membranes in general

Angina Pectoris

Appendicitis

Dissecting Aneurysm

Ectopic Gestation

Fractures

Gout

Neuritis

Pleurisy, Acute

Pneumothorax
onset

Spinal Meningeal Hæmorrhage

142. Dull

Chronic Inflammation of Serous Membranes

Inflammation of Mucous Membranes and of Visceral Parenchyma

143. Paroxysmal

Aneurysm

Angina, Abdominal

,, Œsophageal

*Angina Pectoris

Appendicitis

*Appendicular Colic
temperature normal

Calculus of Pancreas

Cancer of Pancreas

Cancer of Œsophagus

Cerebral Tumours

*Clot in Ureter

Colitis

*Colic (122)

relieved by pressure

Diabetes (x)

Disseminated Sclerosis

*Distended Bladder

Dysentery

Dysmenorrhœa

Erythromelalgia

*Floating Kidney

Dietl's crisis

*Gallstone Colic

Heart, Syphilitic

Henoch's Purpura

abdominal crisis

Hepatic Aneurysm

Hernia

Hydatids of Kidney

daughter cysts in ureter or
gall-duct

Intussusception

*Lead Colic

Locomotor Ataxy

gastric, nephralgic, or other
crisis

Lumbrici

Mercurialism

Neuralgia

Ovarian Cyst

twisted pedicle

PAROXYSMAL—*continued*

Parturition

Pulpitis, Dental

Pyloric Ulcer

*Renal Calculus

Scybala or Concretions

Spinal Meningitis

Sporadic Cholera

*Tic-douloureux

Tubal Colic

Tuberculous Synovitis

Ureteral Calculus

*Urethral „

Vesical „

Uterine Cancer

„ Fibroids

„ Polypus

144. Radiating

Abdominal Aneurysm

back, false ribs, groin, and
testes

Acute Aortitis

arm

Aneurysm of Asc. Aorta

back, shoulders, and arms

Aneurysm of Innominate

right shoulder

Angina, Abdominal

Angina Pectoris

left arm and shoulder and
up neck to forehead

Aortic Regurgitation

arm and back

Atony of Stomach

shoulder

Caries of Spine

sternum, epigastrium, or
abdomen

Cerebellar Tumours

nucha and between scapulæ

Cervical Rib

shoulder, elbow, fingers

Compression of Cord

Gastritis, Acute Erythema-
tous

shoulder and left arm

Hepatic Colic

around umbilicus

Hip Disease

knee

Liver Affections

shoulder

Neuralgia

nerve-terminations

Oöphoritis

back and limbs

Otitis Media, Acute

occiput, vertex, and temple

Pachymeningitis, External
Spinal

Pancreatic Calculus

Pelvic Abscess

thighs

Pulmonary Abscess

to larynx (on percussion of
chest)

Rectum, Cancer of

limbs

Renal Calculus

thigh and testicle; some-
times referred to opposite
kidney

Spinal Tumour

nerve-endings

Spinal Meningeal Hæmor-
rhage

nerve-endings

Spinal Meningitis, Internal

RADIATING—*continued*

Spleen Affections

left shoulder

Uterine Fibroids

genitals and legs

Vesical Calculus

meatus urinarius and
testicle**145. Shifting Pain**

*Flatulence

Gout

Hysteria

Locomotor Ataxy

Neuralgia

Rheumatism

Spinal Tumour

Tapeworm

Trichinosis

146. Gnawing or Boring Pain

*Abdominal Aneurysm

in back

Cancer of Stomach

*Caries of Spine

*Descending Thoracic Aneu-
rysm

Gout

Lithæmia

Mediastinal Growth

Periostitis

Spinal Meningitis

147. Increased by Food

Arsenic-poisoning

Cancer of Stomach

„ of Duodenum

„ of Œsophagus

Gastritis

Renal Calculus

large stone on left side

Ulcer of Duodenum

2 hours after food

Ulcer of Stomach

 $\frac{1}{4}$ hour after food**148. Relieved by Food**

‘ Hunger Pain ’

Appendicitis

Cholecystitis, Chronic

Gastralgia

Hyperchlorhydria

Ulcer, Duodenal

149. Relieved by Pressure

If firm, flat, and gradual.

Colic, Abdominal (122)

Lumbago

Pleurodynia

Pleurisy

Muscle, Ruptured

Rib, Fractured

150. Increased by MovementAdhesions where one organ
is fixed.

Abscess, Local

„ Pelvic

Acute Inflammatory Dis-
eases

Appendicitis Larvata

brought on by exercise

Arthritis

*Caries of Spine

Cartilage, Displaced

Coxa vara

Fæcal Accumulation

on running fast

INCREASED BY MOVEMENT—

continued

Fibrositis

Fractures

Glandular Fever

Gout

Hernia, Obturator

by hip movement

*Lumbago

Myositis

Neuritis

Oöphoritis

Ovarian Pedicle, Twisted

Pachymeningitis, External

Spinal

Pelvic Cellulitis

Perinephritis

Peritonitis

Pleurisy, Acute

Pleurodynia

Pneumonia, Acute

*Renal Calculus

esp. on stamping

Rheumatism, Acute

,, Muscular

Rheumatoid Arthritis

*Ruptured Muscle

contraction of opponent

Salpingitis

Sciatica

Spinal Column, Sprain of

on rotation

Spinal Meningitis

Spondylitis, Traumatic

*Sprains

*Synovitis

Tuberculous Joint

Tumour, Cranial

,, Intracranial

Tumour, Spinal

Vesical Calculus

Weil's Disease

151. Increased by Breathing or Coughing

Caries of Sternum

Cholecystitis

Diaphragmatic Hernia

,, Pleurisy

Fractured Ribs

*Intercostal Rheumatism

Perforation of Stomach

Perihepatitis

Perinephritis

Peritonitis

*Pleurisy

Pneumothorax

Subphrenic Abscess

Trichinosis

152. Increased at NightMost pain is so, but
especially that from—

Arthritis, Gonorrhœal

Carcinoma

Erythromelalgia

Locomotor Ataxy

Neuritis

Otitis Media

Osteitis

Periostitis

Renal Calculus

Rheumatism

Syphilis

Tuberculous Joint

Ulcer of Stomach

when adherent

153. Referred Pain

A pain which, though referred to the skin, originates in a neighbouring viscus. It bears no relation to nerve distribution. (See 325.)

Angina Pectoris

arm

Dysmenorrhœa

thigh

Heart Disease

arm

Liver Affections

shoulder

Ovarian Disease

mamma

Renal Colic

testicle

154. TENDERNESS

This is often untruthfully affirmed, especially when a claim for compensation is made. The patient should not be asked if pressure give pain; but in the midst of conversation, the part should be pressed, at first very gently and afterwards with the force gradually increased, and if genuine, the pulse rate will go up (Mannkopf's sign). The countenance, too, should be watched all the time, and it will probably speak more truthfully than the tongue. Cutaneous hyperæsthesia may be distinguished from tenderness by the pain being still complained of when the skin is lightly pinched without any pressure on subjacent parts.

The pain of all inflammatory affections is accompanied by more or less tenderness.

155. Scalp

Cerebral Tumour
over site

*Clavus Hystericus

Erysipelas

Gumma

Herpes

Hydrocephalus

Lupus Erythematosus

Mastoid Abscess

Meningitis

Migraine

Neuralgia, Cervico-occipital

*Neurasthenia

Otitis Media

Recklinghausen's D sease

Rheumatism

Rickets

Sclerodermia

*Seborrhæa, Acute

Syphilis, Congenital

Syphilitic Periostitis

Thrombosis of Lateral Sinus
behind ear

Trauma

Trigeminal Neuralgia

156. Spine

The spinous processes
should be percussed.

Abscess, Lumbar

„ Mediastinal

„ Perinephric

„ Post Pharyngeal

„ Subphrenic

Aneurysm, Abdominal

„ of Desc. Aorta

Arthritis, Rheumatoid

Cancer of Spine

Caries of Spine

„ Sicca

Compression of Cord

*Gastritis

4th to 7th dorsal

Glands, Enlarged Bronchial

4th and 5th dorsal

Heart Disease

upper dorsal

Hepatic Colic

6th to 9th dorsal

*Hysteria

SPINE—*continued*

Liver Diseases

lower dorsal

Mediastinal Tumour

Meningitis, Cerebro-spinal

,, Spinal

Myelitis, Chronic

not increased by movement

*Neurasthenia

Neurasthenia, Traumatic

esp. 1st, 6th, 7th, 12th dorsal,
1st sacral and coccyx

Rickets

Spinal Apoplexy

,, Periostitis

Spondylitis, Traumatic

on stooping or rotation

Spondylose Rhizomélisque

Tumours of Spine

Typhoid Spine

Ulcer of Duodenum

right of 12th dorsal

Ulcer of Stomach

to left of 12th dorsal and on
percussion of 4th, 5th, 6th,
7th, dorsal spines, when on
lesser curvature; of 10th,
11th, 12th dorsal, when on
greater curvature; and of
8th, 9th, 10th dorsal, when
the ulcer is on the side
of the organ

157. Lumbar Tenderness

Appendicitis

right side

*Lumbar Abscess

Nephritis, Acute

,, Suppurative

Perinephric Abscess

*Perinephritis

Renal Calculus

,, Cancer

,, Infarct

158. Chest

Abscess, Hepatic

Aneurysmal Prominence

*Angina Pectoris

Bronchitis, Acute, 1.

Caries of Sternum

Diaphragmatic Neuralgia
zonal

Empyema necessitatis

Heart Strain

Herpes Zoster

Hysteria

*Intercostal Neuralgia

,, Rheumatism

Mediastinal Disease

Myocarditis

Pericarditis

Periostitis, Costal

,, Sternal

Phthisis

on percussion

Pleurisy, Acute

interspaces

Pleurisy, Diaphragmatic

159. Mamma or Breast

Abscess

Hysteria

Mastitis

Menstruation

Oöphoritis

Pregnancy

Also in cancer, cysts, and
tumours when inflamed.

160. Right Hypochondrium

Including Liver Tenderness.

Abscess of Liver

Actinomycosis

Acute Yellow Atrophy

Asthma

Cancer of Liver

Cirrhosis of Liver, Hyper-
trophic

*Cyanotic Liver

Empyema of Gall-bladder

Fatty Degeneration of Liver

*Gallstones

Hepatitis, Acute

Hydatids, Inflamed

Influenza

Jaundice, Obstructive (392)

Malaria

Myocarditis

Perihepatitis

Relapsing Fever

Sarcoma of Liver

Syphilitic Liver

Weil's Disease

161. Left Hypochondrium

Including tender spleen.

Anæmia, Splenic (x)

Enteric Fever

*Impacted Fæces

splenic flexure

Influenza

Leukæmia, Spleno-medul-
lary

Malaria

Perisplenitis

Relapsing Fever

Spleen, Abscess of

,, Cancer of

,, Infarct of

162. ABDOMINAL TENDERNES

Firm and steady pressure relieves reflex abdominal tenderness,
but aggravates tenderness due to inflammation.

163. Epigastrium

Acute Yellow Atrophy

Addison's Disease

Appendicitis Larvata

Arsenic-poisoning

Cancer of Stomach

moderate

Cirrhosis of Stomach

slight

Dilated Right Ventricle

Gallstones

Gastritis, Acute Erythema-
tous

*Gastritis, Chronic

Hypochondriasis

Hysteria

Irritant-poisoning

Liver Tenderness (160)

Pancreas, Inflammation of

Pericarditis, Acute

*Peritonitis

Pleurisy, Diaphragmatic

*Ulcer of Stomach

acute ; small circumscribed
area. Similar area in
back

** Epigastric tenderness often
follows severe coughing
or vomiting.

164. Iliac

Abscess of Abdominal
Wall

Alcoholism

Appendicitis

right side

Cæcum Mobile

Calculus, Renal

„ Ureteral

Cancer of Cæcum

„ of Uterus

Cervix, Eroded

*Dysmenorrhœa

Enteric Fever

right side—gurgling

Fæcal Accumulation

Hysteria

Neuralgia of 12 Dorsal N.

*Oöphoritis

Pelvic Cellulitis

„ Peritonitis

Pneumoperitonæum

Prolapsus Uteri

Psoas Abscess

Retroflexion

Sacro-iliac Disease

Salpingitis

Sigmoiditis

Tubal Gestation

rupture

Tubercle of Cæcum

Uterine Congestion

165. Erichsen's Sign

Compression inwards of the
two iliac bones causes
pain in

Sacro-iliac Disease

but not in hip disease.

166. Hypogastrium

Bladder, Ulcer of

Calculus, Vesical

*Cystitis

Dysmenorrhœa

*Metritis, Acute

Pelvic Peritonitis

Pericystitis

*Perimetritis

167. Perinæum, Tender

*Abscess, Ischio-rectal

„ Prostatic

„ Urethral

Hæmorrhoids, Inflamed

Proctitis

Prostate, Cancer of

*Prostatitis

**168. Unclassified Abdominal
Tenderness**

Cancer of Intestine

Colitis

Diaphragmatic Pleurisy

Dysentery

Dysmenorrhœa

Fibrositis of Abdominal

Muscles

only when contracted

*Gallstones

1 in. to right of and above
umbilicus

Irritant-poisoning

*Peritonitis, Acute

*Sequela of Colic

Strangulated Hernia

unless gangrenous

Ulceration of Intestine

169. Limbs, Tenderness of

- Bone, Cancer of
- Epiphysitis, Syphilitic
- *Erythema Nodosum
- Erythromelalgia
- Gout
- 'Growth Fever'
- Hip Disease
 - pain in knee on tapping trochanter
- *Infantile Scurvy
 - lower end of thighs
- Leukæmia
- Myositis
- *Neuritis
- *Neuritis, Multiple
- Osteitis
- Periostitis
- *Phlebitis
 - a long hard vein
- Phlegmasia Alba Dolens
 - usually left leg
- Polymyositis
- *Rickets, I.
- Schlatter's Disease
 - tibial tuberosity
- Scurvy

Spinal Meningitis, Int.

Tetanus

Trichinosis

170. Feet, Tender

- Callosities
- Chilblains
- Corns
- Gout
- Metatarsalgia
- Talipes Valgus
- Toenail, Ingrowing

171. Joints, Tender

- *Gout
- Hysterical Joint
- Loose Cartilage
- Malta Fever
 - 50 per cent.
- Myelosarcoma
- Pyæmia
- *Rheumatism, Acute
- *Rheumatoid Arthritis
- Spondylose, Rhizomélisque
 - shoulders, hip, and spine
- *Sprain
- *Synovitis
- Tuberculous Arthritis

172. TENDER SPOTS**173. Clavus Hystericus**

- Near parietal prominence.
- Hysteria

174. Signorelli's Sign

- Between the jaw and the mastoid process and below the ear.
- Meningitis
 - Said to be earlier than Kernig's Sign.

175. Francke's Sign

- Deep tenderness over apex of lung behind.
- Early Phthisis
 - 81% of cases

176. Ninth Right Costal Cartilage

- Cholecystitis
- Enteric Fever
 - early

NINTH RIGHT COSTAL CARTILAGE—continued

Gall-bladder, Calculus in
 „ Cancer of
 „ Empyema of

177. Babè's Sign

Tenderness over splenic artery, accompanied by muscular rigidity.

Aneurysm of Abdominal Aorta

178. Mendel's Sign

A tender area, the size of a florin, elicited by light percussion in the epigastrium.

Duodenal Ulcer
 Gastric Ulcer

179. Mussy's Point

A tender spot where the left sternal line extended downwards intersects a horizontal line on the level of the tenth ribs. (S 10, in chart.)

Diaphragmatic Pleurisy

180. McBurney's Point

Midway between umbilicus and anterior superior spine of right ilium.

Munro's Point, instead of being midway, is at the outer edge of the rectus. It is said to be more exactly over the ileocæcal valve.

*Appendicitis
 Lead-poisoning (x)
 Ureteral Calculus

181. Bastedo's Test

Pain at McBurney's Point produced by inflation of the colon.

Appendicitis

The test is not always safe in acute cases.

182. Blumberg's Sign

Pressure over the *descending* colon produces pain in the right iliac fossa.

Appendicitis

183. Bittorf's Sign

On squeezing the testicle or pressing on the ovary during an attack of colic the pain radiates to the kidney in

Renal Calculus

184. Douleur Signal (Leven)

Abdominal pain ceases when the stomach is forced upwards by deep pressure in the hypogastric region.

Dilatation of Stomach

Thus differentiating it from Appendicitis.

185. Kink Sign

Tenderness on a line drawn between the umbilicus and the middle of Poupart's ligament.

Ileal Kink

186. Boas' Point

to left of 12th dorsal vertebra

Gastric Ulcer

187. POINTS DOULOUREUX

Often absent in first attacks.

Trigeminal Neuralgia

1st division.—Supra-orbital notch, above parietal eminence, and junction of nasal bone with nasal cartilage

2nd division.—Infra-orbital foramen, malar bone, gum of upper jaw

3rd division.—Temple, in front of ear, mental foramen and side of tongue

Cervico-occipital Neuralgia

midway between the mastoid process and the 1st cervical vertebra

Cervico-brachial Neuralgia

axilla, upper part of deltoid, bend of elbow and behind inner condyle

Intercostal Neuralgia

spinous process, side of chest or abdomen, and a point just short of the mesial line

Twelfth Dorsal Neuralgia

Edge of quadratus lumborum, ant. sup. spine, and near symphysis pubis.

Lumbo - abdominal Neuralgia

spinous process, midcrest of ilium, hypogastrium, groin, and scrotum

Sciatica

posterior iliac spine, sciatic notch, and behind knee, head of fibula, and external malleolus

188. ALGESIÆ

Analgesia due to a cord lesion is both deep and superficial; but in that produced by a peripheral nerve lesion, the superficial analgesia may be combined with deep hyperalgesia.

189. Analgesia (Insensibility to pain)

It is usually tested with pin-pricks.

Arsenic-poisoning

Brown-Sequard's Paralysis

Catalepsy, Severe

Diphtheritic Paralysis

General Paralysis of Insane,

II.

Hæmatomyelia

Hemiplegia

*Hysteria

often hemianalgesia

*Hystero-epilepsy

Insanity

sometimes cubital

*Locomotor Ataxy

A zone on the trunk from the 2nd rib to the umbilicus—early; also an area on some part of the face—'masque tabétique' or Hutchinson's Mask.

Morvan's Disease

Myelitis

Neuritis, Multiple

Pseudo-tabes

Syphilis

Syringomyelia

Transverse Softening of Cord

Lesions of medulla and optic thalamus.

190. Analgesia, Deep

This is tested by pinching muscles or tendons or by pressure upon subcutaneous bone such as the shin.

Locomotor Ataxy

Pseudo-tabes

Syringomyelia

191. Hyperalgesia

The pain of a pin-prick is out of all proportion to the injury. Inflammatory tenderness may be distinguished by the presence of local heat.

Multiple Neuritis

Optic Thalamus, Lesion of

. It is present in the repair stage of divided nerve, before the return of epicritic sensibility.

192. Muscular Hyperalgesia

Intense pain is experienced when a muscle is grasped.

Neuritis

193. Remak's Sign

A pin-prick gives a double sensation, the second being the more painful.

Locomotor Ataxy

194. Haphalgesia

Intense pain is produced by even a light touch.

Hysteria

195. Illusional Pain (Akinesia

Algera)

Hysteria

Neurasthenia

196. Anæsthesia DolorosaPain in a part that is both
anæsthetic and analgesic.

Compression of Cord

197. Simultaneous PolyalgnesiaA single pin-prick feels as
if several had been made.

Spinal Cord Affections

198. SENSATION

199. Sensation Tests.—To test with precision the degree of sensation present, Weber's æsthesiometer is employed. The standard is the distance at which two points are felt separately and a rough substitute is a pair of compasses. Normally, the distance for various regions is as follows: Tip of Tongue, 1 mm.; Underlip, 4 mm.; Back of Hand, 25 mm.; Back of Neck, 50 mm.; Mid-dorsal Region, Mid-forearm and Mid-thigh, all 62 mm. The palms and parts covered with hair are not available. In ordinary practice, however, the skin is lightly brushed with a little jeweller's wool. One side should be compared with the other and results checked by asking the patient to put his finger on the spot just touched.

200. Janet's Test is useful to distinguish organic from functional anæsthesia. The patient is told to say 'yes' or 'no' according to whether he feels or not. Then, the eyes being closed, the skin is lightly touched at various points. If functional, the answer will be 'no' when an anæsthetic area is touched; if organic, no answer will be given, for he will not be conscious that he has been touched at all.

As the result of pressure and of vascular disease, the sense of pain is lost first, then the temperature sense, and lastly the sense of touch. In lesions affecting the centre of the cord, such as syringomyelia, the order is pain, heat, and cold, concurrently with diminution of tactile sensibility. (See 85.)

201. Hyperæsthesia

This can usually be distinguished from tenderness by the skin or muscle being unduly sensitive after it has been raised from the subjacent tissues, and it may be elicited by the lightest brush with the finger.

Acute Bronchitis

sternal

Alcoholism

Appendicitis

right iliac region

Arsenic-poisoning

Brown-Sequard's Paralysis
paralysed side

Caries, Spinal

above anæsthetic area

*Clavus Hystericus

Compression of Cord, i.
Cord, Degeneration of
Encephalitis

Herpes Zoster

Hyperæmia of Brain

*Hysteria

esp. mammary and ovarian

HYPERÆSTHESIA—*continued*

Injuries of Nerves

especially gunshot wounds

Locomotor Ataxy

Mania, Acute

Meningitis, Cerebro-spinal

,, Int. Spinal

,, Simple

,, Tuberculous

Spinal

Myelitis, Acute

*Neuralgia

esp. trigeminal—sometimes
unilateral

*Neurasthenia

*Neuritis, I.

*Ovarian Disease

Pachymeningitis, External
Spinal, I.

Peritonitis

Pernicious Anæmia

Pregnancy

Rickets

Spinal Concussion

Spinal Meningeal Hæmor-
rhage

Tumours of Brain

202. Anæsthesia

The upper limit of anæsthesia in the trunk serves as a guide to the localisation of the lesion in the spinal segment. The anæsthetic area, especially in hysteria, sometimes coincides with the tract covered by a given garment; thus, glove-, shoe-, and stocking-anæsthesia are recognised.

Aneurysm of Desc. Aorta

3rd and 4th interspaces

Anterior Crural Paralysis
thigh and inner side of leg
and foot

Apoplexy

paralysed side, unless pons
or medulla be the seat

Apoplexy, Spinal

lower extremities

Brown-Sequard's Paralysis

Caisson Disease

Catalepsy (if severe)

Cerebral Hyperæmia

,, Tumours

esp. of pons

Cerebro-spinal Meningitis,
III.

Chorea

Compression of Cord, II.
when gradual

Concussion of Spine

Dementia Præcox, I.

Diphtheritic Paralysis

Disseminated Sclerosis

Embolism

Fracture of Sup. Maxilla

Friedreich's Disease

legs

General Paralysis of Insane
Hæmatomyelia

Hæmorrhage into Spinal
Arachnoid

Herpes Zoster

between vesicles

Hypertrophy of Brain

*Hysteria

esp. plantar and palatine

Klumpke's Paralysis

inner side of arm

Lead-poisoning

Lepra anæsthetica

ANÆSTHESIA—*continued*

Locomotor Ataxy

chest, glans penis, and soles. Also tendo Achillis (Abadie's Sign) and the popliteal space (Bechterew's Sign)

Meningitis, Simple

„ Spinal, III.

Morvan's Disease

Myelitis, Acute, II.

„ Chronic

Neuritis

most marked at periphery

Neuroma

Pressure on Nerve-trunk

Raynaud's Disease

Sciatica

Softening, Chronic (x)

Spinal Pachymeningitis,

Ext. II.

Syringomyelia

arms and chest

Tetany

Thrombosis

Transverse Softening of Cord

lower extremities

Tumours of Cord

Typhic State (62)

Unilateral Lesion of Cord

if dorsal region, one leg

(See *Numbness*, 215)

03. Dissociated Anæsthesia

Retention of tactile sensibility combined with loss of heat sense and of pain sense.

Brown-Sequard's Paralysis

Hæmatomyelia

Hysteria

Multiple Neuritis

Syringomyelia

Thrombosis

of posterior inferior cerebellar artery

204. Hemianæsthesia (Sensation absent on one side)

Due, when organic, to a lesion involving the posterior third of the internal capsule; but it is often functional.

Apoplexy (x)

Brown-Sequard's Paralysis

Cerebellar Disease

s. of opposite side

Disseminated Sclerosis

*Hemichorea

Hereditary-cerebellar Ataxy

*Hysteria

left side $\frac{3}{4}$

*Occupation Neurosis (27)

*Paralysis of 5th Nerve

Thrombosis or Rupture of Posterior Cerebral Artery

Tumour of Brain

Unilateral Atrophy of Brain

205. Allocheiria

(Bamberger's Sign)

A touch on one side is felt on the opposite side (rare). It is due to a unilateral destructive lesion of the cord.

Allied to this is the pain, or even tenderness, sometimes felt on the side opposite to the lesion; e.g. in the left hypochondrium in hepatic colic.

ALLOCHEIRIA—*continued*

Callus, Pressure of
Disseminated Sclerosis
Endarteritis, Syphilitic
*Hysteria
Locomotor Ataxy
Myelitis, Partial
Subluxation, Spinal
Thrombosis, Spinal
Trauma

206. Retarded Sensation

The pain or sensation is
felt many seconds after
the stimulus (rare).

Locomotor Ataxy
Multiple Neuritis

207. Astereognosis

The patient, blindfolded, is
unable to recognise solid
bodies by touch

Cerebral Hæmorrhage
,, Tumour
or other coarse lesion

208. Muscular Sense

Kinæsthesia can be tested
by making the patient
distinguish between two
dark bottles of the same
shape and size — one
empty, the other full.
In the case of the legs,
the bottles can be ban-
daged one to each foot.

A normal person recognises
an increase of one-third
the weight (Weber's Law).

The lesion is in the deeper
layers of the cortex.
The sense is impaired or lost
in—

Brown Sequard's Paralysis
Cerebral Hæmorrhage
,, Thrombosis
,, Tumour
Hysteria
Locomotor Ataxy
Neuritis
Syringomyelia
Transverse Myelitis

For Joint Sense, which is
sometimes included under
muscular anæsthesia, see
209.

209. Posture Sense

(including Joint Sense)

Passive movements of a
limb having been made
with the patient's eyes
shut, he is asked to imi-
tate the movements and
posture with the sound
limb. The sense is un-
impaired in cerebellar
lesions, but may be
affected in—

Cortical Lesions
Hysteria
Locomotor Ataxy
Neurasthenia (x)

210. Atopognosis

The blindfolded patient,
when pointing to the
spot just touched, makes
an error of several inches
—and always too high.

Cortical Lesion

211. Thermæsthesia (Temperature Sense)

This may be determined with the aid of two spoons, one hot, the other cold, applying them to various areas and making the patient distinguish between them. The tip of the tongue is not nearly so sensitive to heat as is the cheek or forearm. (See 85)

212. Lost or Diminished

Brown Sequard's Paralysis
opposite side

Bulbar Paralysis

*General Paralysis

Hæmatomyelia

Lepra Anæsthetica

*Locomotor Ataxy

Syringomyelia

Transverse Softening of
Cord

213. Increased

Cerebro-spinal Meningitis

Degeneration of Cerebral
Ganglia

Neuritis

Heat applied to an inflamed part increases the pain when pus is present, but diminishes it when absent.

214. Vibration Sense (Pallæsthesia)

A large C¹ tuning fork should be placed vibrating on the nails, the heads of the metacarpal or metatarsal bones, or on the shin.

When there is loss of other forms of sensation, the vibration sense is also usually lost, but its loss may precede cutaneous anæsthesia.

Lost

Brown-Sequard's Paralysis

opposite side

Compression Myelitis

Diabetes

Disseminated Sclerosis

Growth, Spinal

Hemianæsthesia, Hysterical

opposite side

Locomotor Ataxy

Peripheral Neuritis

Spinal Syphilis

Transverse Division of Cord

The cord lesion must be in a part from which the bone tested derives its nerve supply.

PARÆSTHESIÆ, ETC.**215. Numbness**

Aconite-poisoning

Acroparæsthesia

fingers, toes, lips, and
tongue

Aneurysm

Appendicitis

right leg—early

Apoplexy (præm.)

„ Spinal

Arteritis

Aura epileptica

Beri-beri

Bromism

Cervical Rib

hand

*Circulation, Defective

NUMBNESS—*continued*

Disseminated Sclerosis
often unilateral.

Emboli

Erb's Spinal Paralysis

Hyperæmia, Spinal

Hysteria

*Hysterical Oedema

Leprosy

*Locomotor Ataxy

Meralgia Paræsthetica
outer side of thigh

Myelitis, Acute

Myxœdema

Neuralgia (præm.)

Neurasthenia

Neuritis

Neuroma (x)

*Pressure upon a Nerve-
trunk

Recklinghausen's Disease

Sciatica

Sigmoid, Loaded

Spinal Tumour

Softening, Chronic

Syringomyelia

Tetany

Thrombosis

(See *Anæsthesia* 202)

216. Biernacki's Sign

The well-known 'funny-
bone' sensation is absent.

Dementia

General Paralysis

Idiocy

Locomotor Ataxy

217. Magnan's Sign

— A subjective feeling as
of sand or worms under
the skin.

Cocaine Habit

218. Itching, Formication, or Tingling

These are, for convenience'
sake, all put under one
heading.

Anæmia of Brain

Aneurysm

Apoplexy (præm.)

Arsenic-poisoning

Arteritis

Arthritism

Aura epileptica

Cervical Rib

hand

Cheiropompholyx

Chilblain

Chloasma

Copaibism

Dermatitis

„ Herpetiformis

*Desquamation

*Diabetes Mellitus
pubes

Disseminated Sclerosis

Drug Rashes

Dysidrosis

*Eczema

Embolism

Encephalitis

Erb's Spinal Paralysis

Ergotism

Erythema

Fæcal Accumulation

Gout

Hæmorrhoids

Hydroa

Hyperæmia of Brain

Hypertrophy of Heart

Hypochondriasis

Hysteria

Irregular Circulation

Irritating Clothing

ITCHING, FORMICATION, OR

TINGLING—*continued*

Jaundice

Lichen

Leucorrhœa

Locomotor Ataxy

Lymphadenoma

Meningeal Hæmorrhage,

Spinal

*Menopause

pruritus vulvæ

Meralgia Paræsthetica

thigh

Mycosis Fungoides

Myelitis

Nephritis

Neurasthenia, Traumatic

Neuritis, I.

*Pediculi, etc.

Pemphigus (x)

Pityriasis rubra

Pressure on a Nerve

Prickly Heat

*Prurigo

usually due to lice

*Pruritus, Bathing

,, Senilis

Psoriasis, I.

Pyodermatitis Vegetans

*Scabies

Sciatica

Scleroderma

Seborrhœa

Spinal Apoplexy

,, Hyperæmia

,, Meningitis

Syphilitic Spinal Paralysis

Syringomyelia

Tetany

Thrombosis

Tumours of Brain

Tumours of Spinal Cord

*Urticaria

Uterine Disease

Variola

*Worms

mucous orifices

Also stings of insects, jelly
fish or plants.

219. Palpitation

The patient is conscious of
his heart beats.

Amenorrhœa

*Anæmia

Aneurysm, Thoracic

Angina Pectoris

Arterio-sclerosis

Ascites

Chlorosis

Cirrhosis of Kidney

Dyspepsia, Flatulent

Epilepsy

Exophthalmic Goitre

Fatty Heart

Fibroid Heart

*Hysteria

Locomotor Ataxy

Malformations of Heart

Mediastinal Growth

Menopause

*Neurasthenia

Ovarian Cyst, Large

Paroxysmal Tachycardia

Pericarditis

Pericardium, Adherent

Pernicious Anæmia

Pregnancy

Pseudo-Angina

Spermatorrhœa

Tumours, Abdominal

Tympanites

PALPITATION—continued**Valvular Diseases****Ventricle, Dilated Right**

Palpitation may also be caused by cocaine, digitalis, thyroidin or morphia, as well as by excessive use of tea, coffee, tobacco, alcohol or absinthe.

220. Heartburn (Cardialgia)

Due to lactic or butyric acid.

Cancer of Stomach

*Dilatation of Stomach

Gastralgia

Gastritis

*Indigestion

esp. of fatty food

*Pregnancy

Ulcer of Stomach

„ of Duodenum

221. 'Præcordial Anxiety' or Sinking Feeling

Aneurysm

*Angina Pectoris

Aortitis

Arsenic-poisoning

Asthenia in general

Atony of Stomach

Beer-Heart

Cholera

*Dilatation of Heart

Displacement of Heart

Fatty Heart

Fibroid Heart

*Flatulence

Lithæmia

Melancholia

Myocarditis, Acute

*Neurasthenia

Pericarditis

Syphilitic Heart

Valvular Disease

222. Girdle Sensation

A feeling like that produced by a tight girdle. It marks the upper limit of a cord lesion.

Ataxic Paraplegia (x)

*Crushing Lesion of Cord

Disseminated Sclerosis

Erb's Spinal Paralysis

Locomotor Ataxy (x)

*Myelitis, Transverse

Paraplegia, Spastic

Spinal Meningitis, Syph.

Traumatic Spondylitis

Tumours of Cord

A sprained diaphragm from vomiting, etc., produces a similar sensation, as also does double intercostal rheumatism.

223. Sensation of Local Heat

Erythromelalgia

feet

Exophthalmic Goître

*Influenza

Irritant-poisoning

epigastrium and throat

Locomotor Ataxy

*Menopause

Neurasthenia

vertex

Paralysis Agitans

epigastrium and back

Rectum, Cancer of

(See *Heartburn*, 220)

Cold, Sensation of
(See *Chills*, 239)

224. Sweating, Sensation of

The skin being dry.

Hæmatomyelia
Syringomyelia

225. Throbbing, Sensation of

This may be due to actual increase of pulsation, to extra-sensitiveness to normal pulsation or to clonic muscular spasm (myokymia).

*Abscess

*Anæmia

*Aneurysm

*Aortic Regurgitation

‘Beat Knee’

Exophthalmic Goitre

Headache, Congestive

Heart, Hypertrophy of

Hysteria

Inflammation, Local

Migraine

Neurasthenia

*Palpitating Aorta

Palpitation

(See *Abnormal Pulsation*,
284)

226. Sensation of Fulness

Atony of Stomach

*Dilatation of Stomach

Emphysema

Fatty Degeneration of Heart

Gastric Irritation

*Gastritis, Chronic

Goitre, Exophthalmic

Hepatic Enlargements

Hypertrophy of Heart

*Hysteria

in throat—Globus Hystericus

Malaria

*Menopause

in throat—Globus Hystericus

Peritonitis, Chronic

Remittent Fever

*Tympanites

227. Sensation of Weight

Angina Pectoris

Asthma

Apoplexy (præm.)

Aura epileptica

Cirrhosis of Liver, Hypertrophic

Dilatation of Heart

Displacement of Heart

Dyspepsia

Endocarditis, Acute

Exophthalmic Goitre

*Fæcal Accumulation

Flatulence

Gastric Irritation

Gastritis, Chronic

Hæmatemesis (præm.)

epigastrium

Hæmoptysis (præm.)

sternum

Lithæmia

epigastrium

Neurasthenia

limbs

Neuritis, Multiple, i.

limbs

Paralysis, Flaccid

Stomach, Atony of

„ Dilatation of
Syphilitic Liver

Trichinosis

228. Sensation of Bearing Down

- *Abortion (threatened)
- Cervicitis
- Cervix, Hypertrophied
- Distension of Bladder
- Dysmenorrhœa
- Endometritis, Hypertrophic
- *Enteroptosis
- *Fæcal Accumulation
- Hæmorrhoids
- *Labour
- Metritis
- Ovarian Cyst
- *Prolapsus Uteri
- Periproctitis
- Prostatitis
- Rectum, Cancer of
- „ Ulcer of
- Retained Menses or Decidua
- Retroversion
- Subinvolution
- Tumours, Pelvic
- esp. if impacted
- Uterine Fibroid or Polypus
- Uterus, Congestion of
- „ Inversion of
- (See *Tenesmus*, 1081)

229. Sensation of Oppression

- *Aneurysm, Thoracic
- *Angina Pectoris
- Aortitis
- *Asthma, Spasmodic
- ‘Beer Heart’
- *Dyspepsia
- Emphysema
- Exophthalmic Goitre
- Hysteria
- *Mediastinal Tumour
- *Pericardial Effusion
- (See *Weight*, 227)

230. Faintness (with or without giddiness)

- Less important if the patient has always been subject to faints.
- *Addison's Disease
- *Anæmia
- Aneurysm
- *Angina Pectoris
- Aortic Cusp, Rupture of
- „ Disease
- Ascites
- Blows
- esp. over solar plexus
- Bradycardia
- *Dilatation of Heart
- *Diphtheria, III.
- Dissecting Aneurysm
- Emotion
- Exhaustion
- Fatty Degeneration of Heart
- *Flatulence
- Hæmorrhage
- *Heated Air
- Intercostal Neuralgia
- Leukæmia
- Mnière's Disease
- Pain, Acute
- Perforation of Bowel
- Pleural Effusion
- (esp. left)
- Pneumothorax
- Poisoning by Depressants
- *Pregnancy
- *Quickening
- *Shock
- Stokes-Adams' Syndrome
- *Strangulated Hernia
- Syphilitic Heart
- Tapeworm
- Thrombosis of Pulm. Artery
- „ of Superior Mesenteric Artery

231. VERTIGO OR GIDDINESS

Vertigo may be divided, though with some over-lapping, into : Nervous, Gastric, Toxic, Ocular, Aural, and Circulatory. If the vertigo is improved by closing the eyes, ocular trouble or neurasthenia is probable ; if made worse, locomotor ataxy and the diseases mentioned under ' Romberg's Symptom ' must be thought of ; while if unaffected, it may be gastric, toxic or circulatory. In the case of this last, pallor or perhaps flushing will accompany it. In doubtful cases, vertigo may be brought out by making the patient turn suddenly at the end of a short walk.

*Alcoholism		Hæmatoma of Dura
Aneurysm		Mater
Antral Abscess		Hemianopsia
Aortic Regurgitation		Hereditary Cerebellar
Aortitis		Ataxy
Apoplexy (præm.)		Hydrocephalus, Chr.
*Arterio-sclerosis		Hyperæmia of Brain
Aura epileptica		Hypertrophy of Heart
Bulbar Paralysis		Jaundice
(præm.)		Labyrinthine Growths
Catalepsy		Labyrinthitis
Cervico - occipital	Neur-	Laryngeal Vertigo
algia		Lithæmia
Cinchonism		Mastoid Abscess
Cirrhosis of Kidney		*Menière's Disease
*Constipation		Middle Ear Catarrh
Corrosive-poisoning		Migraine
*Dilatation of Stomach		Miner's Nystagmus
' vertigo a stomacho læso '		*Neurasthenia
Disseminated Sclerosis		Pellagra
Encephalitis		Petit Mal
Epilepsy		Plague
*Eyestrain		Polycythæmia, Splenomegalic
esp. of oblique muscles		Ptomainism
Facial Paralysis		Stapes, Ankylosis of
onset		Stokes-Adams' Disease
Gastritis, Chronic		Tumour of Brain
Gerlier's Disease		lesions of pons, c. quadrigemina, cerebellum, or middle cerebellar peduncle

VERTIGO OR GIDDINESS—*continued.*

Typhus

invasion stage

Wax in Meatus

Weil's Disease

Also tight collars, abuse of tea or tobacco, and numbed feet.

(See *Gait*, 1295; *Mal-Co-ordination*, 1303)

232. WEAKNESS

Almost all diseases. The three following sections differ only in degree.

233. Lassitude and Debility

- *Addison's Disease
- *Anæmia
 - Atony of Stomach
 - Carcinoma
- *Chloroma
- *Chlorosis
 - Convalescence from Acute Disease
- *Diabetes
- *Dilatation of Heart
- Dysentery
- *Exophthalmic Goitre
 - Fæcal Accumulation
 - Incubation Stage of Exanthemata
- *Influenza, III.
 - Jaundice
- *Leukæmia
 - Lipomatosis neurotica
 - Lithæmia
 - Myxœdema
 - Nephritis
- *Neurasthenia
 - Pancreatic Disease
 - Phthisis
 - Pyelitis, Chronic
 - Pyrexia
 - Scurvy
 - Trypanosomiasis

234. Prostration

- Acute Yellow Atrophy
- Buhl's Disease
- Cancerum Oris
- *Cholera

- Concussion of Brain or Spine
 - Diarrhœa (severe)
 - Dysentery, III.
- *Embolism of Pulmonary Artery
- *Endocarditis
 - Fat Embolism
 - Gangrene of Lung
 - Glanders
 - Hepatic Colic
- *Hæmorrhage
 - Hyperpyrexia
 - Inversion of Uterus
 - Plague
 - Pellagra
 - Ptomainism
 - Relapsing Fever
 - Tobacco-poisoning
 - Trichinosis
 - Tuberculosis, Acute
- *Typhic State (62)

235. Collapse

- Alcoholism, Acute
- Aniline-poisoning
- Embolism of Pulmonary Artery
- *Hæmorrhage, Profuse
- *Hernia, Gangrenous
 - Hydrophobia, III.
- Perforation of Diaphragm
- *Perforation of Intestine
- *Perforation of Stomach
 - Pneumo-pericardium

COLLAPSE—*continued*

Poisoning by Aconite and
Heart Depressants gene-
rally
*Rupture of Bladder
,, of Ectopic Amnion

Rupture of Heart
,, of Liver
,, of Ovarian Cyst
,, of Spleen
*Rupture of Uterus

236. RIGORS AND CHILLS

The beginning of almost all pyrexial diseases of sudden onset is marked by a rigor or chill, as also is the supervention of suppuration or sepsis in the course of an acute disease.

237. Rigors or Shivering Fits

Usually initial.

Abscess, Cerebral

„ Hepatic

„ Pelvic

„ Prostatic

„ Rectal

„ Renal

„ Subphrenic

Appendicitis

*Calculus, Passage of

Catheterisation

Cholecystitis, Suppurating

Colic (x)

*Diphtheria

Empyema

Endocarditis, Septic

Enteric Fever

perforation

Erysipelas

Erythema Scarlatiniforme

Hæmoglobinuria, Parox.

onset

Hydatids, Suppurating

Influenza

Malaria

Meningitis, Simple

„ Cerebro-spinal

„ Internal Spinal

Milroy's Disease

acute crisis

Myelitis, Acute

Nephritis, Acute

Pelvic Peritonitis

Periarteritis nodosa

Peritonitis, Acute

Phthisis, Acute

*Pneumonia, Acute

Poliomyelitis, Acute

Portal Phlebitis

suppuration

Pyæmia

Pyelitis, Acute

Relapsing Fever

Renal Embolism

Rheumatism, Acute

Scarlatina (x)

*Septicæmia

Suppurative Spinal Pachy-
meningitis

„ Synovitis

Thrombosis

Tuberculosis, Acute

Typhus

*Variola

Weil's Disease

onset

Woillez's Disease

onset

Yellow Fever

In an infant, convulsions
often take the place of a
rigor.

238. Recurring Rigors

Actinomycosis

Cholecystitis

Cystitis (x)

Endocarditis, Ulcerative

*Gallstones

RECURRING RIGORS — *continued*

Glanders

Influenza (x)

Leukæmia, Acute

Lymphosarcoma, Acute

Malaria

Osteomyelitis, Acute

Pancreatitis, Acute

Perinephritis

Phthisis, Acute

Pleurisy (x)

Pyelitis, Calculous

Pyelonephritis

Pyæmia

„ Portal

*Renal Calculus

Septicæmia

Syphilis, Secondary (x)

Tuberculosis, Acute

239. Chills and Subjective Cold

Felt chiefly in the back.

Chills are often a mild form of rigor.

Coryza (x)

Dysentery

Erysipelas

Glanders, i.

Hæmatomyelia

Herpes Laryngis

Hysteria

*Influenza

Locomotor Ataxy

Malaria

Migraine, i.

Mumps

Myxœdema

*Neurasthenia

Neuritis, i.

Paralysis agitans

Periarteritis nodosa

Phthisis, Acute

Pleurisy, Acute

Pyonephrosis

Remittent Fever

Rheumatism, Acute

Salpingitis

Sclerosis, Lateral

Spasmodic Spinal Paralysis

Spinal Meningitis

Syringomyelia

*Tonsillitis, Follicular

PART II

INSPECTION AND OBSERVATION

CONTRACTIONS: u, usually; x, exceptionally; *, the most likely diseases; I, First stage; II, Second stage; III, Third or Final stage.

240. THE PULSE

Normal Rate

1st year	130-115	14th year	85-70
2nd year	115-100	Adult age	80-70
3rd year	100-90	Old age	70-60
7th year	90-85	Decrepitude	75-65

The pulse is best felt with the patient's forearm pronated and it should not be counted until the patient has become accustomed to the presence of the physician. If the artery appears small, the pulse of the other hand should be felt, as there may be some abnormal distribution. The force or pressure is roughly determined by placing three fingers on the radial artery and estimating what pressure of the proximal finger is necessary to prevent the pulse being felt by the other two. It is high when the artery is full between the beats and can be rolled under the finger like a tendon. For exact results, the sphygmometer is necessary (see Tension). The artery between the pulsations, owing to the pressure of the finger, is transversely oval, so that each pulsation, by altering the shape to circular, produces under the finger a feeling of distension. In the erect position the pulse averages nine beats per minute more than in the recumbent, and every increase of 1° F. in the temperature sends up the pulse about eight beats.

241. Quick (*Pulsus frequens*, or if very rapid, '**Tachycardia**')

The pulse is quickened under the influence of exertion or excitement and in all febrile diseases, except in yellow fever and where there is pressure

on the brain. When the pulse is quickened it is the diastole, not the systole, that is shortened. (See *Pyrexia*, 295)

Ac. Ascending Paralysis

Addison's Disease

Anæmia

Aneurysm of Aorta

QUICK—*continued*

Angina Pectoris
 Appendicitis
 Belladonna-poisoning
 Chlorosis
 Chorea
 Collapse
 „ of Lungs
 Coma Vigil
 Concussion of Brain or Cord
 Displaced Heart
 Epilepsy, II.
 Excitement
 Exertion
 Exophthalmic Goitre
 except during sleep
 Foreign Body in Heart
 Gout, Undeveloped
 Hæmorrhage
 Hernia, Strangulated
 Irritation of Sympathetic
 not above 120
 Leukæmia
 Lesion of Medulla
 Locomotor Ataxy
 Mediastinal Growth
 Mitral Stenosis
 Neurasthenia
 Periarteritis nodosa
 Pericarditis, Acute
 Pernicious Anæmia
 Phthisis, Incipient
 Pneumogastric Paralysis
 but not over 160
 Pneumogastric Neuritis
 influenzal, diphtheritic, etc.
 Pneumonia, Acute
 90 to 120, less than is
 usual with such a tem-
 perature. (See 267)
 Pneumothorax

Pregnancy
 Rheumatoid Arthritis
 Shock
 Sunstroke, Syncopal
 Tachycardia, Paroxysmal
 Tobacco Heart
 Typhic State (62)
 Typhus

Pulsus celer is not
 necessarily frequent. (See
 250.)

242. Slow (*Pulsus rarus*)— Bradycardia

Bradycardia is 'muscular'
 when the Bundle of His
 is affected and 'nervous'
 when due to direct or
 reflex irritation of the
 vagus. Some of the pul-
 sations may not reach the
 radial artery and the rate
 must be checked by
 auscultation.

Aortic Stenosis, I.
 Arterio-sclerosis
 Asthma, Spasmodic
 Atonic Dyspepsia
 Chlorosis
 Cerebral Abscess
 „ Aneurysm
 „ Hæmorrhage
 Cirrhosis of Lung
 Colic (x)

*Coma
 Compression of Cord
 upper part
 Convalescence from Pneu-
 monia and Fevers
 Coronary Sclerosis
 Diabetes

SLOW—*continued*

Diphtheria

sequela

Enteric Fever

relatively

Epilepsy

Ergotism

*Fatty Degeneration of
Heart

Fibroid Heart

Gallstones

Gastric Cancer

„ Ulcer

General Paralysis

Hydrocephalus

Influenza (x)

*Irritation of Pneumogastric
by tumours, etc. This
cause can be counter-
acted by atropine

Jaundice (392)

Lead Colic

Lesion of Medulla

Liver, Ruptured

Melancholia

*Meningitis, II.

*Meningitis, Tuberculous, II.

Mumps (x)

Myxœdema

Paralysis of Sympathetic

Pregnancy

Relapsing Fever

Senility

*Stokes-Adams' Disease

from 14; pulse absent
during the epileptiform
attack

Syphilitic Heart Affection

Tumours of Brain

Tumour of Heart

invading Bundle of His

Yellow Fever

. Exclude Pulsus alternans
and the action of con-
vallaria, digitalis, lead,
opium, salicylates, stro-
phanthus and conium.
A slow pulse is normal in
some individuals. (See 8.)

243. Erben's Phenomenon

The pulse slows down when
the patient leans forward.

Neurasthenia

244. Pulse Tardy (*Pulsus
tardus*)Slow rise and descent of
the pulse wave—tension
high.

Aneurysm

Angina Pectoris

Aortic Stenosis

Arterio-sclerosis

Contracted Kidney

Senility

245. Hard (*Pulsus durus*)

Aortic Stenosis

Apoplexy

*Atheroma

or, if combined with
hypertrophy of heart,
'bounding'

Athleticism

*Cirrhosis of Kidney

Diphtheritic Laryngitis

Enteritis

Gout

Hypertrophy of Heart

Lead Colic

Pericarditis, Acute

Peritonitis, Acute

Pleurisy, Acute

246. Soft and Compressible or Weak (*Pulsus mollis*)

*Anæmia

Aneurysm of Heart

Aortitis

Asphyxia

Asthma, Spasmodic

Atony of Stomach

Broncho-pneumonia

Cancer of Stomach

Cholera

Colic

Collapse

Coma Vigil

Concussion of Brain

Delirium Tremens

*Dilatation of Heart

Diphtheria

Dysentery

Gallstones

severe attack

Glanders

Gout, Undeveloped

Hæmorrhage

Hyperpyrexia

Mitral Regurgitation

Pericarditis, II.

Perinephritis

Poisoning by Depressants

Pulmonary Apoplexy

Pyæmia

Pyrexia (295)

Rheumatism, Acute

*Shock

Strangulated Hernia

Sunstroke

*Syncope

Trance

Typhic State (62)

Typhus

247. Full or Large (*Pulsus magnus*)

Aortic Regurgitation

aortitic form

Concussion of Brain, III.

Erysipelas, I.

Hypertrophy of Heart

„ with Dilata-
tion

Pericarditis

Rheumatism, Acute

Spinal Meningitis

248. Small (*Pulsus parvus*)

Ague

cold stage

Angina Pectoris

Aortic Stenosis

Asthma (paroxysm)

Atrophy of Heart

Broncho-pneumonia

Cholera

Collapse

„ of Lungs

Dilatation of Heart

Dysentery

Emphysema

Endocarditis

Enteric Fever

third week

Ergotism

Fibroid Heart

Gallstones

Gangrene of Lungs

Gout, Undeveloped

Hyperpyrexia (298)

Intestinal Obstruction

Mitral Stenosis

Myocarditis, Acute

Noma

Pericardium, Adherent

SMALL—*continued*

Peritonitis, Acute

Pleurisy, I.

Pneumonia, Acute
late

Pneumothorax

Scarlatina

Strangulated Hernia

Typhic State

Typhus

* * Also abnormal distribution.

249. Sustained (*Pulsus plenus*)

Pulse full between the beats.

Aortic Stenosis

if associated with left hyper-
trophy

Contracted Kidney

Hypertrophy of Heart

Mitral Stenosis

250. Jerky (*Pulsus celer*)

Tension low.

*Aortic Regurgitation

'water-hammer' or 'Corri-
gan's Pulse'—more evi-
dent when the arm is
raised

Atheroma

Collapse

Debility

Enteritis

Fatty Degeneration of
Heart

Fibroid Heart

*Hæmorrhage

Pericarditis (x)

Pernicious Anæmia

Wasting Diseases (311)

251. IrritableAccelerated from slight
causes.

Dysentery

Enteric Fever, 1st week

Hysteria

Masturbation

*Neurasthenia

Spermatorrhœa

Also from nervousness or
abuse of tea or tobacco.**252. Thrilling or Tremulous**

Anæmia

Aneurysm

Aortic Regurgitation

with strong ventricle

Neurasthenia

Septicæmia

253. Pulsus AlternansPulse beats unequal in
strength.

Weakness of Myocardium

254. Pulsus Bigeminus

Two beats and a pause.

There is also a Pulsus
Trigeminus (three beats
and a pause), and a
Pulsus Quadrigeminus.
The extra beat is some-
times due to an extra
systole.

Epileptiform Attacks

Heart Failure

Mitral Stenosis

esp. after digitalis

Neurasthenia

It also occurs after great
mental or bodily strain.

255. Pulsus Bisferiens

The summit wave and tidal wave are felt separately.

*Aortic Regurgitation (x)

„ Stenosis

Hypertrophy and Dilatation of Left Ventricle

256. Pulsus Paradoxus

Smaller and less frequent during deep inspiration.

Acute Laryngitis

Adenoids

Asthma

Emphysema

with dilated heart

Enteric Fever (x)

*Mediastinal Growths

*Mediastinitis

Pericardial Adhesions

esp. if mediastinal

Pericardial Effusion (x)

Tracheal Stenosis

In children any obstruction in the air passages will cause it, and it is sometimes physiological.

257. Riegel's Pulse

This differs from pulsus paradoxus in that the change takes place with *expiration* instead of inspiration. It has the same significance.

258. Arrhythmia

The condition when extreme is termed *delirium cordis*.

Pulse irregular, or intermittent, or both. The auricular systole, as shown

in pulsating veins, often takes place when there is no ventricular systole.

In general, gross irregularity is more serious than intermittency.

Adherent Pericardium

Aërophagia nervosa

Arterio-sclerosis of Left

Coronary

usually every third beat dropped

Aneurysm of Heart

Aortic Aneurysm

Apoplexy, Severe

Arsenical-poisoning

Auricular Fibrillation (259)

*Cardiac Breakdown

Collapse (235)

Concussion of Brain, III.,

„ of Spine

Digitalis

cumulative action of

Dilatation of Heart

Displacement of Heart

Dyspepsia, Flatulent

Emphysema

*Endocarditis, Malignant

Exophthalmic Goitre

Fatty Degeneration of Heart

Fibroid Heart

Gangrene of Lung

Gout, Undeveloped

Hypochondriasis

Influenza

Jaundice (392)

Lithæmia

Lesion of Medulla

Mitral Regurgitation

Myocarditis, Acute

Neurasthenia

ARRHYTHMIA—*continued*

Neurosis of Heart

Edema Laryngis

Pericarditis

Stokes-Adams' Disease

auricular beat regular ;

ventricular alternate

Syphilitic Heart

Tuberculous Meningitis, III.

Also from senility, over work, nervousness, distended stomach, or abuse of tea or tobacco. When the arrhythmia recurs regularly, it is termed Allorhythmia.

259. Auricular Fibrillation

This accounts for 50 per cent. of all cases of cardiac irregularity (Price). It may be suspected when, late in the course of mitral stenosis or cardiac sclerosis, the pulse becomes irregular and the general condition graver, while the præ systolic thrill and murmur disappear. The diagnosis must be confirmed by the Polygraph.

Impending Heart Failure

Fibrillation also takes place when adrenalin is injected after an anæsthetic.

260. Dicrotic Pulse

Exaggeration of the dicrotic wave. It is sometimes mistaken for a pulse of twice the rate.

Alcoholism

*Enteric Fever

Erysipelas

Hyperpyrexia

Pericarditis

Peritonitis, Septic

Pleurisy, Acute, III.

Also on exposure to great heat.

(See *Low Tension*, 273)**261. Anacrotic Pulse**

The tidal wave is stronger than the summit wave.

Aortic Stenosis

262. Weaker on one Side

Abnormal distribution of the arteries is not uncommon.

Aneurysm of Ascending Aorta
right side

Aneurysm of Descending Arch
left side

Aneurysm of Innominate Artery
right side

Aneurysm of Subclavian, Axillary, or Brachial Artery
same side

Arteritis

Cervical Rib, Unilateral
stronger when the arm is raised

Embolism of Brachial or Radial Artery
old or recent

Hydrothorax

Mediastinal Tumour

Pleural Effusion, Large

Pneumothorax

Tumour of Neck, Chest or Axilla

263. Weak in Posterior Tibial Artery

Abnormal Distribution

Aneurysm, Abdominal

,, Iliac

Claudication Intermittente

Obliteration of Aorta

264. Later in Left Radial

Aneurysm between Innominate and Left Carotid

265. Late in both Pulses

Aortic Regurgitation

266. Artery Hard and Tortuous

‘The artery feels like the stem of a tortuous clay pipe.’

Alcoholism

Aneurysm

Gout

Lead-poisoning

Nephritis, Chronic

Progeria

Senility

Syphilis

Tortuosity and hardening of the radials do not necessarily indicate the same condition in the aorta.

267. Pulse-Respiration Ratio

Normally 4 to 1.

Narcotic-poisoning

6½ to 1

Pneumonia, Acute

5 to 2

268. Pulse-Temperature Ratio**Lowered — ‘Relative Bradycardia’**

The pulse rate ordinarily rises 8 or 9 beats for every degree of temperature.

Abscess, Cerebral

Enteric Fever

Influenza

Meningitis, Acute, II.

,, Tuberculous, II.

Relapsing Fever

Yellow Fever

269. Venous Pulse, Centripetal

Aneurysmal Varix

Dilated Arterioles

(See *Venous Pulsation*, 283, 725)

270. Schapiro's Test

Normally, the pulse rate is lessened by 7 to 15 beats per minute when a patient lies down. When no diminution takes place there is—

Cardiac Weakness

271. ARTERIAL TENSION

The normal systolic pressure, estimated in mm. of mercury is about 90 under fourteen years of age ; 100 to 115 up to twenty years of age, while from twenty-one to sixty-five it is usually 120 to 135. In very old age with rigid arteries it may go up to 200. The pressure in women is 10 to 15 mm. lower. It is low in children and in adults who have been kept in bed. Digital estimation is not very reliable, but the sphygmometer is not without its fallacies, and results must be received with caution when the artery is thickened, the skin cedematous, a superjacent muscle spastic, or the subject very fat. Gaertner's Finger Tonometer is free from some of these objections.

The tension is determined by the sphygmometer, usually Riva-Rocci's or Hill and Barnard's. In using the Riva-Rocci instrument, the armlet is fixed securely to the upper arm and the pressure gradually raised until the pulse can no longer be felt at the wrist, when the reading is taken. As a check, the reading at the re-appearance of the pulse, when, by means of the valve, the pressure is gradually relaxed, should also be noticed.

Diastolic Pressure is that which corresponds with the interval between the heart beats. It depends largely upon the degree of contraction or relaxation of the arterioles, and is best ascertained by the auditory method. In this, the stethoscope is placed below the armlet, and when the sounds disappear under a falling pressure, the number of mm. Hg is read off. Normally it is about 100.

Arterial Tension is altered physiologically as follows :—

Increased by :

- (a) Muscular or mental work or excitement.
- (b) Increase in rate and power of heart beat.
- (c) Increase in the quantity of blood (*e.g.* after a meal).
- (d) Increase in the contraction of the arterioles (*e.g.* by cold).

Diminished by :

Recumbent position, by warmth, and by diminution in (b), (c) and (d).

272. High Tension

Powerful ventricular contraction with contracted arterioles.

Aneurysm of Aorta

if of ascending portion, unilateral.

Angina, Abdominal

„ Pectoris

Apoplexy, Impending

Arterio-sclerosis

Bronchitis, Chronic

Cerebral Tumour, I.

Cheyne-Stokes' Breathing

Cirrhosis of Kidney

sometimes over 300 mm.

Constipation

Cyanosis (396)

Dilatation of Aorta

Emphysema

Glycosuria, Gouty

Gout (V)

Hemicrania

Hypertrophy of Heart

Hysterical Seizure

Lead-poisoning

Locomotor Ataxy

during crisis

Malaria (cold stage)

Melancholia

Meningitis, I.

Migraine

Mitral Stenosis

Pleurisy, Acute, I.

Pregnancy

Pseudo-Angina

Rigor

Toxæmia, Chronic

Viscosity of Blood (1473)

And all kidney affections except the amyloid, the suppurative, and the tuberculous.

Further, too nitrogenous or too liquid a diet.

273. Low Tension

Heart weak and arterioles dilated; diastolic well marked.

Addison's Disease

Anæmia

Aortic Stenosis

Asthma

Chlorosis

Cholera

Debility

Diabetes

Diarrhœa

Dilatation of Heart

Dysentery

Exhaustion

Fatty Degeneration of Heart

Fevers

Fibroid Heart

Hæmorrhage

Jaundice (392)

Mitral Regurgitation

Neurasthenia

Obesity

Phthisis, I.

Pleurisy, Acute, II.

Pyrexia (295)

Shock

Syncope

Thrombosis

Trypanosomiasis

Vomiting

Generally speaking, it occurs in all asthenic conditions, but it is also produced by dry diet, hot air, hot baths, or hot drinks, and by the action of chloral, cannabis indica, nitrite of amyl, nitroglycerin, nitrous ether, and mistletoe.

274. Grünbaum's Test

Suprarenal extract fails to
raise arterial tension.

Addison's Disease

blood pressure in the
remaining arm rises about
5 mm. Hg. But a rise
of 60 mm. Hg takes
place in—

Arterio-sclerosis

275. Hertzels Sign

When the circulation in
both legs and one arm is
completely arrested by
pneumatic pressure, the

(One would think that some
risk of producing apo-
plexy might be incurred
by this procedure.)

276. THE SPHYGMOGRAPH

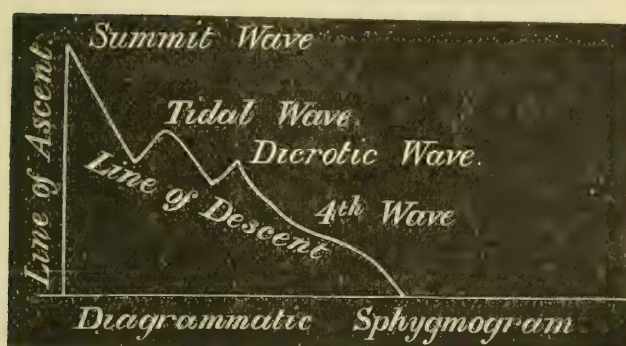


FIG. 2.—THE POINTS OF A SPHYGMOGRAM

As compared with the pulse felt by the finger, the rise of pressure corresponds with the 'line of ascent'; the duration of pressure, with that portion of the line of descent extending from the 'summit wave' to the dicrotic notch; and the fall of pressure, from the dicrotic wave downwards.

277. LINE OF ASCENT

Vertical

Vigorous heart-contractions
or relaxed arterioles.

Aortic Regurgitation

Oblique

Weak ventricular con-
tractions.

Aortic Stenosis

Aneurysm

proximal side

Mitral Regurgitation

High

Easy capillary circulation.

Aortic Regurgitation

Pyrexia

Low

Obstructed peripheral cir-
culation, and contraction
of muscular coat.

Aneurysm

Mitral Regurgitation

Forked or Anaerotic

High Peripheral Resistance
as in Chronic Nephritis

278. SUMMIT OF PERCUSSION WAVE

Sharp

Vigorous heart-contractions,
easy capillary circulation,
and relaxed muscular coat
—tension low.

Aortic Regurgitation

Blunt

Weak heart - contractions
and contracted muscular
coat—tension high.

Aneurysm

proximal side

Aortic Stenosis

Arterio-sclerosis

279. TIDAL WAVE

Marked (high tension)

Vigorous heart-contractions
and obstructed peripheral
circulation.

Aortic Stenosis

Arterio-sclerosis

Faint

Weak heart - contractions,
or, if strong, associated

with over-full arteries ;
easy capillary circulation
and relaxed muscular
coat.

Aneurysm

proximal side

Aortic Regurgitation

Mitral Regurgitation

280. DICROTIC WAVE

Marked (low tension)

Vigorous heart-contractions,
easy capillary circula-
tion, and relaxed muscu-
lar coat.

Aneurysm of Descending
Thoracic or Abdominal
Aorta

Pyrexia

(See *Dicrotic Pulse*, 260)

Faint (high tension)

Weak heart ; or strong
heart with over-full arte-
ries, obstructed peripheral
circulation, and contrac-
tion of muscular coat.

Aneurysm

proximal side

Aortic Regurgitation

late

Arterio-sclerosis

Mitral Regurgitation

281. Line of Descent Irregular

Mitral Regurgitation

„ Stenosis

282. Base Line Undulating

Dysprœa due to affections
of the medulla

Tuberculous Meningitis

(See *Cheyne-Stokes' Breath-
ing*, 1214)

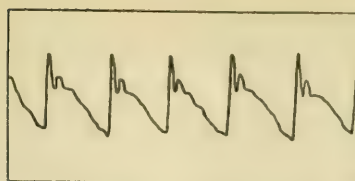
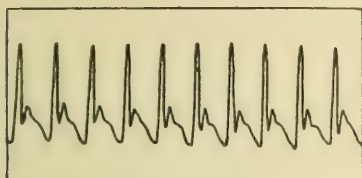
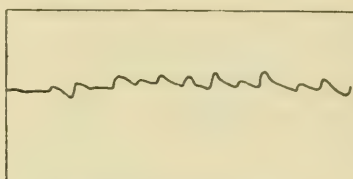
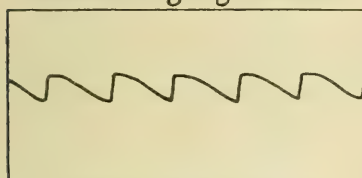
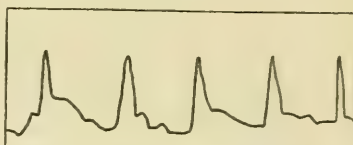
*Normal Pulse.**Aortic Regurgitation.**Mitral Stenosis.**Aortic Stenosis**Mitral Regurgitation.*

FIG. 3.—TYPICAL SPHYGMOGRAMS

The tracings will vary according to the degree of compensation.

283. VENOUS PULSE

This must be studied with Mackenzie's Polygraph. One of the most important points is the determination of the auricular systole. It immediately precedes the carotid wave, and the radial pulse is $\frac{1}{10}$ second later than this. See 259, 269, 725.

ABNORMAL PULSATION

284. Chest

To detect supra-sternal pulsation, it may be necessary to press a finger firmly down behind the sternum.

Aneurysm

pulsation 'heaving' or expansile

An aneurysm of the ascending aorta first touches the chest wall in the second right space near the sternum (rarely to left); of transverse arch, behind manubrium; of descending arch, below first left rib; of innominate artery, behind right sterno-clavicular articulation.

There is no pulsation when the sac is solid.

Aneurysm 'Mimic'

A transient, fusiform dilatation; \cup seat, abdominal aorta or subclavian artery.

Appendix, Hypertrophied Left

2nd and (x) 3rd left space
—præsystolic

Bursting of an Artery into an Abscess Cavity

Cancer of Pleura

Cardiac Aneurysm (x)
præcordial

Dilated Aorta

suprasternal notch

Dilated Conus Arteriosus

2nd left space

Dilated Right Auricle

3rd, 4th, and 5th right spaces

Displaced Heart or Dextro-cardia

2nd to 5th right spaces

Empyema Necessitatis

Empyema Pulsating
all one side

Heart, Uncovered

from retraction of lung

Hypertrophy and Dilatation of Right Ventricle

3rd, 4th, 5th, and 6th spaces near left sternal edge

Mediastinal Abscess

above or at side of sternum

Mitral Stenosis

3rd left space

Pleural Effusion

very rarely

Pulmonary Artery, Pulsating

2nd and 3rd left spaces
near sternum

Pulsating Liver (286)

„ Sarcoma

Right Subclavian, Abnormal

suprasternal notch

Tumour, Mediastinal

Pulsation in the supra-sternal notch is found normally in thin elderly persons and in many neurotic subjects.

(See *Pulsating Veins*, 259, 269, 725, and *Tracheal Tug*, 713)

285. Abdominal Pulsation

Aneurysm

Cancer

Embolism of Common Iliac

***Palpitating Aorta**lessened when patient
leans forward

Tumours (x)

286. Pulsating Liver

Aortic Regurgitation

Mitral Stenosis

***Tricuspid Regurgitation**

Pulsation may also be transmitted to the liver by an aneurysm or a hypertrophied heart; but in these cases it is not expansile.

287. Epigastric Pulsation

This is usually synchronous with the heart's systole. If delayed slightly it is probably neurotic, though it may be due to an aneurysm.

Anæmia

Aneurysm of Aorta

***Aortic Regurgitation**Dilatation of Right Ventricle
diastolic

Dilatation of Stomach

Displacement of Heart to
Right***Distension of Stomach**

Emphysema

Hæmorrhage

Hepatic Abscess

Hypertrophy of Right Ventricle

Mitral Regurgitation

„ Stenosis

Neurasthenia

***Palpitating Aorta or Cœliac Axis**

Pancreas, Enlarged

Pericardial Effusion

Pleural Effusion, Left

Pulmonary Stenosis

Pulsating Liver (286)

Short Sternum

Tricuspid Regurgitation

Tumour resting on Aorta

288. Capillary Pulsation

Visible in the nails; or alternatively on a patch of erythema produced by drawing a line across the forehead or sternum with the thumb nail.

Anæmia (x)

Aortic Regurgitation

Chlorosis

Hæmorrhage, Severe

Heart-muscle Failure

Pernicious Anæmia

289. Pulsation Synchronous with Respiration

Hernia Cerebri

„ Pulmonalis

Meningo-myelocele

(See *Carotid Throbbing*, 721)

290. TEMPERATURE

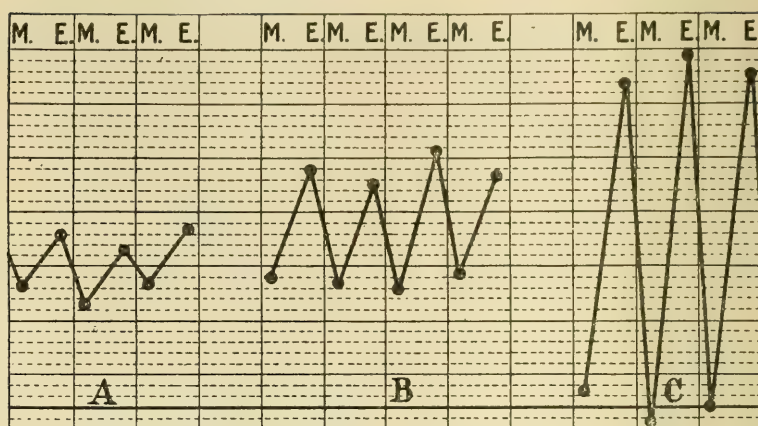


FIG. 4.—TYPES OF TEMPERATURES

A, continued ; B, remittent ; C, severe or septic remittent.

291. To take the temperature, the register or column of mercury must be first shaken down to 97° . The thermometer bulb should then be placed under the patient's tongue, and the lips, but not the teeth, closed. After, say twice the time for which the instrument is guaranteed, it must be withdrawn very gradually and the degree noted. Twice a day, 8 A.M. and 8 P.M., is sufficient as a rule. In infectious cases a special thermometer should be used, and when no longer required it must be sterilised by thorough washing, followed by immersion for one hour in perchloride of mercury, 1 in 500 solution.

In children the fold of the groin with the thigh flexed, or the rectum, is sometimes preferable to the mouth ; but it must be remembered that muscular exercise will raise the rectal temperature to 101° or 102° even in health.

It is noteworthy that some individuals and some families will develop a high temperature from very slight causes. In others, the reverse is the case.

To convert the Centigrade into the Fahrenheit scale it is useful to remember that 35° C. equals 95° F., and that, for higher

temperatures, all that is necessary is to add 1.8° F. to each degree C., thus :

36° C. = 96.8° F.

37° C. = 98.6° F.

38° C. = 100.4° F.

39° C. = 102.2° F.

40° C. = 104.0° F.

41° C. = 105.8° F.

292. Subnormal

It is often betrayed by cold breath. Low temperature means low vitality.

Abscess, Cerebellar

Addison's Disease

Alcoholic Coma

Anæsthesia, Prolonged

Arterio-sclerosis

Asthma, Spasmodic

Cancer

Carbolic-acid-poisoning

Cerebellar Tumour

Cerebral Hæmorrhage

„ Tumour

Cirrhosis of Kidneys

„ of Lungs

Chloral-poisoning

*Cholera, Asiatic

to 94° or less

Cholera, Sporadic

to 96°

Chorea (x)

Collapse (235)

„ of Lungs

Convalescence

after fever

Cretinism

Cyanosis

Diabetes

Diarrhœa, Profuse

Enteric Fever

mornings only—3rd week

also a sudden fall on perforation occurring

*Hæmorrhage

Heart Disease, Chronic

Intestinal Obstruction

Malformation of Heart

Melancholia

Myxœdema (94° – 98°)

Neurasthenia

Opium-poisoning

Oxalic-acid-poisoning

Peritonitis, Tuberculous

Phthisis

morning (x)

Pituitary Tumours

Pneumonia, Acute

after crisis (x)

Relapsing Fever

defervescence

*Sclerema neonatorum

sometimes to 70°

Septic-poisoning

morning

Shock

Starvation

Trance

Trypanosomiasis

at intervals

Tuberculous Meningitis (x)

Uræmic Attack (x)

Valvular Diseases

** Also antipyretic drugs, cold sponging, and poisoning by depressants. Extreme external cold will lower the body temperature. In Shackleton's expedition, when the external temperature was -30° to -40° F., the body registered 93° F.

293. Local Lowering

Aura epileptica

one extremity

Cerebral Hæmorrhage, II.
paralysed side

Chronic Atrophic Spinal
Paralysis

Compression of Cord

*Cyanosis

Hysterical Œdema

Locomotor Ataxy

Paralysed Limb

Scleroderma

Spinal Apoplexy
limbs

Spinal Paralysis of Adults,
Acute

Syringomyelia

Transverse Softening of Cord
(See *Cold Extremities*, 870)

294. Local Rise

Local inflammation in
general.

*Abscess

Boil

Carbuncle

Convulsions, Unilateral
affected side

Corpus striatum, Lesion of
paralysed side

Gout

Pneumonia

Pulmonary Tuberculosis

0.4 in axilla of affected
side

Osteitis Deformans

great rise on affected side

Suppuration

Synovitis

Traumatic Neurasthenia

vertex

Vaso-motor Paralysis

* * The temperature of the
urine in inflammatory
bladder affections is said
to be higher than that in
the rectum.

295. Raised, Markedly

T. over 102°.

All inflammatory diseases
and the acute exanthema-
mata.

Abscess, Acute

Ague

cold stage, 100°–101°; hot
stage, 105°

Appendicitis

Aortitis, Acute

Bell's Mania, II.

Bronchitis, Acute

Broncho-pneumonia

Bruhl's Disease

Cancrum Oris

Cerebro-spinal Meningitis

Cystitis

Dengue

Dentition

Diphtheria

Dysentery

Empyema

Encephalitis

Endocarditis, Acute

Enteritis, Acute

Erysipelas

Extravasation of Urine

Febricula

Gastritis, Erythematous,
Acute

Glanders

Glandular Fever

RAISED, MARKEDLY — *continued*
 Glaucoma, Acute
 Glossitis
 Gout
 Hepatic Abscess
 Hepatitis, Acute
 Herpes Pharyngis
 Hooping-Cough
 invasion
 Hydrocephalus, Spurious
 Hysteria (x)
 Hystero-epilepsy
 seizure
 Infantile Paralysis
 onset 102°–103°
 Influenza
 Labyrinthitis, Acute
 Mania
 Measles
 Mediastinal Abscess
 Meningitis, Cerebro-spinal
 „ Simple
 „ Spinal
 Milroy's Disease
 crisis
 Mumps
 Myelitis, Acute
 Myocarditis, Acute
 Nephritis, Acute
 Oöphoritis
 Ophthalmia
 Orchitis
 Otitis Media, Acute
 Pancreatitis, Acute
 Peliosis Rheumatica
 Pelvic Abscess
 „ Cellulitis
 „ Peritonitis
 Periarteritis nodosa
 Pericarditis

Perihepatitis
 Perinephritis
 Periproctitis
 Peritonitis, Acute
 very rarely normal
 Phlebitis, Acute
 Phlegmasia Dolens
 Phosphorus-poisoning, Acute
 Phthisis
 Plague, II.
 Pleurisy, Acute
 Pneumonia, Acute
 Polymyositis
 Post-pharyngeal Abscess
 Psittacosis
 Puerperal Septicæmia
 Pyelitis, Acute
 Quinsy
 Relapsing Fever
 Remittent Fever
 Renal Embolism
 Rheumatism, Acute
 „ Gonorrhœal
 Roseola
 Rötheln
 Scarlatina
 Spinal Concussion, II.
 Splenitis
 Syphilitic Lung
 Tabes mesenterica
 Tetanus
 Tetany
 in severe paroxysms
 Tonsillitis
 Trichinosis
 Tuberculosis, Acute
 Typhic State (62)
 Typhus
 Urticaria Febrilis
 Vaccinia
 Varicella

RAISED, MARKEDLY — *continued*

Variola, I., III.

Weil's Disease

Woillez's Disease

Yellow Atrophy, Acute

„ Fever

296. Raised, Slightly or Inconstantly

Between 99° and 102° F.

Addison's Disease

Apoplexy, II.

Appendicitis

Bacilluria

Bronchiectasis

Cancer of Liver

Cirrhosis of Liver, Hypertrophic

„ of Lung

Convulsions, Following

Coryza

Diarrhœa, Irritative

Dietl's Crisis

Erythema Scarlatiniforme

Exophthalmic Goitre

Gonorrhœa

Hæmophilic Arthritis

Hæmorrhage

also premonitory

Hay Asthma

Hepatic Colic

Herpes Zoster

Hydrophobia

Hyperæmia of Lungs, Acute

Hysteria (x)

Infantile Hemiplegia

Laryngitis, Acute

„ Spasmodic

Leukæmia

Lymphadenoma

esp. in the young

Meningitis, Tuberculous

Metritis

Mollities Ossium

Myelosarcoma

Paralysis, Acute Ascending onset

Peritonitis, Chronic

Pernicious Anæmia

Phthisis, I.

Pyrexia

Renal Calculus

Sarcoma (x)

Syphilitic Eruptions

Variola, II.

The temperature may be raised by exercise, excitement, the use of belladonna, and in children by food containing an excess of carbohydrates. The passage of a catheter may produce a 'reflex fever.'

297. Hyperpyrexia (temp. 106° and upwards)

Occurs occasionally in the following diseases and commonly in the final stage of all brain affections, the temperature sometimes rising still more after death.

Burns

Cerebral Hæmorrhage

esp. into upper part of pons or into one optic thalamus

Cerebral Tumour or Abscess

Dysentery

Enteric Fever

Erysipelas

Fractured Skull

HYPERPYREXIA—*continued*

Fractured Spine

Hysteria (x)

sometimes incredibly high
without any constitutional
disturbance

Influenza

*Injury to Cord

cervical portion

Intermittent, Severe

Malaria

Meningitis, Post Basal

transient pyrexial crises

Meningitis, Tuberculous, III.

Myelitis, Traumatic

Pachymeningitis, Purulent
Spinal

*Pneumonia, Acute

Pyrexia, Neurotic

Relapsing Fever

Remittent Fever

*Rheumatism, Acute

Scarlatina

Septicæmia

*Sunstroke

Tetanus

Tumour of Pons

Uræmia

Yellow Atrophy, Acute

,, Fever

298. Remittent Type, or Morning Fall

When the remission, while
never reaching the normal
point, is of about 1° or
 $1\frac{1}{2}^{\circ}$ the expression 'con-
tinued fever' is employed,
but the term is used with
little precision.

Appendicitis

Broncho-pneumonia

Cirrhosis of Lung

Empyema

Endocarditis, Ulcerative

*Enteric Fever

Hepatic Colic

Kala Azar

Leukæmia

Malta Fever

Mollities Ossium

Paratyphoid

Phthisis, III.

Pleurisy, Tuberculous

Pyæmia

Relapsing Fever

Remittent Fever

Rheumatism, Acute

Septic Pneumonia

Septicæmia

Trichinosis

Trypanosomiasis, II.

Tuberculosis

299. Septic Remittent or Hectic Fever

A high evening temperature
and a low or even sub-
normal morning tempera-
ture. The term inter-
mittent should not be
employed for this type.

Abscess, Mediastinal

,, Tuberculous

esp. in bones

Actinomycosis, Pulmonary

Cholangitis, Suppurative

Dysentery, Chronic

Empyema

Endocarditis, Septic

Enteric Fever

3rd week

Hepatic Abscess

Hydatids, Suppurating

SEPTIC REMITTENT OR HECTICFEVER—*continued*

Malta Fever, III.

Otitis Media, Suppurative

Peritonitis, Chronic (x)

*Phthisis, III.

Portal Pyæmia

*Puerperal Fever

Pyæmia

Pyelitis, Chronic

Pyonephrosis

Septicæmia

Sphenoidal Sinusitis

Tabes mesenterica

Thrombosis, Sinus

Tuberculosis, Acute Miliary

Tuberculous Ulceration of
Intestines

*Typhic State (62)

This type of temperature
means, in general, septic
infection.**300. Inverse Remittent (High
Morning Temperature)**

Dentition

Enteric Fever (x)

*Lobular Pneumonia

Tuberculosis

301. Intermittent Type

Apyrexial intervals not
limited to the morning.
When, in Ague, alternate
days are free from fever,
the type is termed 'ter-
tian'; when two clear
days intervene, 'quartan.'
When occurring in con-
nection with liver or
kidney affections, it is
termed Hepatic or Renal
Intermittent Fever.

Abscess, Hepatic

Abscess, Pyæmic

Calculus, Hepatic

,, Renal

Cancer of Liver (x)

Colitis, Mucous

Leukæmia

Liver, Syphilitic (x)

Lymphadenoma

5 to 15 days' interval

Lymphosarcomatosis

*Malaria in general

Pernicious Intermittent

Pyelitis

Pylephlebitis, Suppurative

Relapsing Fever

Trypanosomiasis

302. Spiked Chart

Periodic rises lasting 24
hours each.

Post Basal Meningitis

303. Termination by Crisis

Sudden fall of temperature.

Erysipelas

Measles

Paratyphoid (x)

*Pneumonia, Acute

Relapsing Fever

Typhus

304. Termination by Lysis

Gradual fall of temperature.

Aspergillosis

*Enteric Fever

*Lobular Pneumonia

Pleurisy

Psittacosis

Rheumatism, Acute

Weil's Disease

And most febrile diseases.

305. Sudden Invasion

Endocarditis, Ulcerative

Erysipelas

Gastro-enteritis

Influenza

Malaria

Mastoiditis

Osteomyelitis

Otitis Media

***Pneumonia, Acute**

Pyæmia

Scarlatina

Suppuration

Tonsillitis

(See *Sudden Onset*, 40)**306. Differential and Special**

Enteric Fever

1st week gradual rise to about 104° with daily remission of 2° .2nd week stationary, daily remission 1° to 1.5° .3rd week stationary, daily remission 3° to 5° .4th week gradual return to normal temperature with remissions of 1° to 1.5° .

Lymphadenoma

Remittent with a fortnight's afebrile interval.

Meningitis, Simple

usually over 102° , irregular

Meningitis, Tuberculous

about 100° , rarely over 102° until approach of death

Pelvic Cellulitis

under 102°

Pelvic Peritonitis

over 102°

Pneumonia, Acute

 103° to 105° ; morning remissions absent or slight

Relapsing Fever

The rise to 104° on the first day lasts a week; then comes an apyrexial interval followed by three days of fever. Other relapses may ensue.

Scarlatina

High the first four days, then a partial subsidence. Not normal till end of second week.

Typhus

1st week 104° to 106° , then one day's remission.

2nd week, still higher.

Varicella

Usually slight, but recurring with each crop of vesicles.

Variola

A fall on appearance of rash and a second rise when pustulation begins.

307. STATE OF NUTRITION

The patient may be described roughly as well or ill nourished, but for exact results he should be weighed and measured, and the result compared with Hutchinson's Table. It is almost impossible to carry this table in one's head. I have therefore devised the following formula, which gives almost identical results: *The weight of a person 5 ft. high should be 115 lb. For every additional inch of stature add 5 lb.* Thus for 6 ft. it would be $115 + 60 (5 \times 12) = 175$; a margin of 20 per cent. either way is consistent with health. The full weight must not be expected in the immature. In the case of infants the weight for the first month may be taken as 7 lb. At six months this should be doubled, and at thirteen months trebled. At the end of the second year the weight should be 30 lb.; of third, 34 lb.; of fourth, 38 lb., and of fifth year, 42 lb.

At six years of age a boy should weigh 50 lb. and a girl 40 lb., and both should add 5 lb. for every year of age up till ten. Between ten and sixteen the girl grows faster than the boy; but after sixteen the boy soon passes her. During the first year of life an infant should grow 8 inches. At three years of age it should be half its adult height. The average annual growth from five to sixteen years of age is two inches. The body weight is least before breakfast.

In the writer's opinion, too much importance is attached by Insurance Offices to the Weight for Age Table. The majority of those who attain a great age are of spare build, and some of the strongest men are of the wiry type. There is too the fallacy of length of limb. Many a man fails to come up to the standard because he happens to have long legs; while others are pronounced to be too heavy for their height because they are endowed with immense limbs. The real test of standard nutrition is the formation and nutrition of the trunk, and the proper basis of a table should be the chest measurement as compared with the measurement from the tip of the coccyx to the vertebra prominens. This ratio should be about 8 to 5. (See 1204.)

308. Development of Fat

- *Alcoholism
- *Cessation of Active Habits
or Occupation
- Chlorosis
- Cretinism
- Dementia
- Encephalitis (x)
- Hypopituitarism
buttocks, abdomen, and
genitals
- Lipodystrophia
lower limbs and buttocks
- Lipomatosis neurotica
- *Menopause
- Mitral Disease
- Myxœdema
- Pseudo-hypertrophic Para-
lysis
- Rickets
- Sclerosis, Disseminated
- Tumour, Cerebellar
,, of Pineal Gland

**309. Local Muscular Wasting
or Atrophy**

- The cause may lie in muscle,
nerve or nucleus.
- Amyotrophic Lateral Scle-
rosis
hand, etc.
- Anterior Crural Paralysis
quadriceps
- Arsenical Neuritis
- Arthritis, Gonorrhœal
,, Tuberculous
- Beri-beri
- Bulbar Paralysis
tongue, lips, and (later)
limbs
- Callus, Pressure of

- Cervical Rib
hand and arm
- Circumflex Paralysis
deltoid
- Compression of Cord
- Congenital Asymmetry
one-sided
- Disuse
- Duchenne's Infantile
Paralysis
begins in face
- Elbow Joint Disease
upper arm
- Erb's Paralysis
begins in shoulder girdle
- Facial Paralysis
nuclear or infranuclear
- Growths
when pressing on a nerve
- Hereditary Muscular Atro-
phy
shoulders, arms, thighs, and
feet
- Hip Disease
- Idiopathic Muscular Atro-
phy
including face
- *Infantile Paralysis
Injury to Motor Nerve
- Knee-Joint Disease
esp. in thighs
- Landouzy - Déjérine Para-
lysis
begins in face and extends
to shoulder and arm
- Lead Palsy
- Long Thoracic Neuritis
serratus magnus

LOCAL MUSCULAR WASTING OR ATROPHY—continued

Median Neuritis

pronators

Mercurialism

Morvan's disease

Motor Neuritis, II.

of muscle supplied

Musculo-spiral Neuritis

supinators

Myelitis, Acute

esp. when in lumbar enlargement

Osteo-arthritis

Paralysis agitans

hand

*Peripheral Paralysis in general

very rapid

Phthisis

about shoulder muscles

Poliomyelitis, Anterior

Polymyositis

muscles firm

Progressive Muscular Atrophy

'main-en-griffe.' Ball of thumb first. Legs first in infantile form.

Pseudo-hypertrophic Paralysis

of latissimus dorsi and sternal end of pectoralis major

Rheumatism, Old

Rheumatoid Arthritis

Sciatica, Old

Spinal Apoplexy

„ Paralysis of Adults, Acute

Spinal Paralysis, Chronic Atrophic

„ Tumour

Syringomyelia

hand first

Tooth's Paralysis

'bottle thighs'

Tuberculous Joint

of muscles near it

Ulnar Neuritis

hypothenar

310. Muscular Prominence

without increased strength

Pseudo-Hypertrophic Paralysis

Thomsen's Disease

311. General Wasting and Cachexia

Children get thin normally when they reach the restless age of four.

*Addison's Disease

Alcoholism, Chronic

Anæmia

Ankylostomiasis

Anorexia Nervosa

„ Simplex

Aspergillosis

Bacteriuria

Bilharzia

Bronchiectasis

Bronchorrhœa

*Carcinoma

Cholangitis, Chronic Fibrous

Cholera

Cirrhosis of Liver

„ of Lung

„ of Stomach

Cœliac Disease

GENERAL WASTING AND
CACHEXIA—*continued*Colon, Idiopathic Dilatation
Constipation, Habitual

*Diabetes

,, 'Phosphatic'

Diarrhoea

esp. in infants

Dilatation of Stomach

Duodenal Catarrh

Dysentery

*Dyspepsia, Carbohydrate

Empyema

Enteritis

Exanthemata, The

*Exophthalmic Goitre

Gastritis, Chronic

Growth, Rapid

Hæmorrhages

Hydatids

Infantile Scurvy

Intrathoracic Tumours

if obstructing thoracic duct

Jaundice

*Lactation, Prolonged

Lead-poisoning

Leukæmia

Lipodystrophia

upper half

*Locomotor Ataxy

Lymphadenoma

Malaria

Marasmus Infantum

Measles

even from 3rd day of incu-
bation (Meunier's Sign)

Melancholia

Meningitis

Menopause

chiefly in fat women who
were thin as girls

Mitral Disease

in children

Mollities Ossium

Morphinism

Multiple Myeloma

Myelitis, II.

Œsophageal Stenosis

Ovarian Cyst

Overfeeding

infants

Pancreatic Disease

Pellagra

Pelvic Abscess

Peritonitis, Tuberculous

Pernicious Anæmia

*Phthisis

Progeria

Pyloric Obstruction

Relapsing Fever

Scurvy

Spondylose Rhizomélique

Suppuration, Chronic

Suprarenal Tumour

Sprue

Syphilis, Hereditary

,, Tertiary

Tabes Mesenterica

Thyroidism

Trypanosomiasis

Tuberculosis, Acute

Worms

312. STATURE

High

Acromegaly

Gigantism

Low

Achondroplasia

‘dachshund type’

Anosteoplasia

Ateleiosis

Cretinism

Dwarfism, Cerebral

esp. idiocy

Fragilitas Ossium

Infantilism

Leontiasis Ossea

Mongolian Idiocy

Osteitis Deformans

Osteo-malacia

Pancreatic Insufficiency

Phocomelus, Congenital

‘ seal-like ’

Progeria

Rickets

Spinal Curvature

Splenomegaly

313. THE SKIN

The presence of œdema is ascertained by making a depression with the end of one finger, and immediately afterwards brushing the pulps of the other fingers across it. If the depression is still palpable, there is œdema. Dermatographia, which includes tache cérébrale, is elicited by drawing a line with the back of the nail across the skin; after a few seconds a red streak should appear and remain visible for about half a minute; in the case of urticaria, a wheal may follow. A chronic unhealthy flush, such as patients commonly complain of as being no guide to their condition, may usually be distinguished from a healthy colour by the presence of twigs of dilated arterioles and venules. Self-induced skin affections always occur within reach of the right hand.

Ringworm. To show the mycelium in the scales, wash with ether, drop some liquor potassæ on them, and after a quarter of an hour put the cover-glass on. To stain the spores in the hair, first wash with ether, then steep for twenty minutes in a saturated solution of gentian violet in aniline water, and for two minutes in Gram's iodine solution. Dry with blotting paper and add a drop of aniline oil which has been coloured mahogany with iodine. The small-spored variety stains more rapidly than the large. (See also 356.)

314. Dry Skin (Anidrosis)

Ague (hot stage)
 Anasarca
 Ascites
 Atrophy, Senile
 Cretinism
 Compression of Cord, Slow
 *Diabetes
 *Dysidrosis
 Enteric Fever
 Gout
 during attack
 Ichthyosis
 Influenza
 Kidney, Cirrhosis of

Melancholia
 Myxœdema
 Perinephritis
 Peritonitis, Chronic
 Prurigo
 Psoriasis
 Rheumatoid Arthritis
 except hands
 Sclerodermia
 Scurvy
 Sympathetic, Paralysis of
 affected side of face
 Syringomyelia
 affected limb

DRY SKIN (ANIDROSIS)—*continued*

Trypanosomiasis
Tumour of Brain
Xeroderma

* * A dry skin is the normal condition in many persons.

315. Clammy Skin

Alcoholic Coma
*Angina Pectoris
Arsenic-poisoning
Arterio-sclerosis
Colic
*Collapse (235)
Delirium Tremens
Hepatic Colic
Intestinal Obstruction
Lead-poisoning
Menière's Disease
Rheumatoid Arthritis
 hands
*Shock
 Sunstroke
*Syncope
 Thrombosis, Cerebral

316. General Sweating

*Ague, III.
 Apoplexy
 Bronchiectasis
 night
 Broncho-pneumonia
 Debility
*Defervescence
*Diaphoretics
 Dilated Stomach
 Dropsy, Cardiac
 Emotions
 Epilepsy
 Exophthalmic Goitre

Fatty Degeneration of Heart
Gallstones
Glanders
Gout, II.
Hectic
Hydatid of Lung
 night

*Influenza
 Phthisis
 night
 Pneumonia
 Polymyositis
 Pulmonary Osteoarthro-
 pathy
*Pyæmia
 intermittent
 Pyonephrosis
 Relapsing Fever
 Remittent Fever
 Renal Colic
*Rheumatism, Acute
 continuous—acid
 Septicæmia
 Spinal Apoplexy
 Trichinosis
 Tuberculosis

317. Partial Sweating

Bromidrosis
 feet and axillæ
Facial Hemihypertrophy
 affected side
Hemiplegia (x)
 unilateral
Intrathoracic Aneurysm or
 Tumour
 side of face
Masturbation
 palms

PARTIAL SWEATING — *continued*

Migraine

unilateral

Multiple Neuritis

affected parts

Rickets

head

Suppurative Parotitis

unilateral

Sympathetic, Paralysis of

sound side

Syringomyelia

hemihyperidrosis (x)

Irritating smells, such as that of mustard, induce facial sweating and help in the diagnosis of paralysis of the sympathetic nerve.

318. Chyloserous Sweat

Chyluria (rare)

319. Bloody Sweat (Hæmidrosis)

General Paralysis of Insane

Hysteria

Menstruation, Vicarious

Rupture of Capillaries into Sweat Ducts

Self-inflicted Punctures

320. Coloured Sweat (Chromidrosis)

It is usually local and occurs mostly in neurotic young women.

Blue

B. pyocyaneus or indigo in sweat; copper internally.

Green

iron internally

Red

bacteria

Yellow

jaundice

321. Abnormal Constituents of Sweat

Albumen

Acute Rheumatism

Bile Pigment

Jaundice

Cystin

Cystinuria

Dextrose

Diabetes

Lactic Acid

Lactation

Puerperal Fever

Rickets (x)

Tuberculosis (x)

Urates and Oxalates

Gout

322. Odorous Sweat

Addison's Disease

negro-like

Bacteriuria

B. coli—fishy

Cholera

urinous

Favus

mousy

Glanders

sour

Hepatic Abscess

liverish

Jaundice

musky

ODOROUS SWEAT—*continued*

Measles

like freshly-plucked feathers

Osmidrosis

cheesy

Peritonitis

musky

Rheumatism, Acute

sour

Scarlatina

like new bread

Scurvy

offensive

Typhus

like rotten straw

Uræmia

ammoniacal or urinous

Variola

greasy

Sulphur taken internally
makes the sweat smell
like H_2S .

Foul sweat is sometimes
due to a growth of *B.*
foetidus.

Itching (see 218)

Pallid Skin (see *Face*, 385)

323. Yellow Skin

Anæmia of dark persons

Bruises, III.

Chlorosis

*Hæmorrhage

*Jaundice (392)

Paroxysmal Hæmoglobin-
uria

*Pernicious Anæmia

lemon

Xanthelasma

esp. eyelids

Yellow Fever

* * Yellow palms are said to be
common in enteric fever,
but they also occur in
functional liver affections.
Picric acid and nitric acid
stain the skin yellow.

324. Pigmented or Bronzed
Patches

Abdominal Tumours (x)

Acanthosis Nigricans
wart-like

*Addison's Disease

Arsenic-poisoning
'blue bottom'

Cancerous Cachexia

Chloasma

Chromidrosis

soluble in ether

Cirrhosis of Liver

Cocainism
of pricks

Diabetes, Bronzed

Exophthalmic Goitre
earliest in eyelids

*Freckles

Hæmochromatosis

Hæmoglobinuria, Infantile

Kidney, Contracted (x)

Lepa Anæsthetica

Leprosy, Nodular

Lymphadenoma

Malarial Cachexia

Melano-leucodermia

Melanotic Sarcoma

Morphea

Nævus

Ochronosis

Pediculosis

or bluish ('taches bleuâtres')

Pellagra, II.

diffused and rough

PIGMENTED OR BRONZE
PATCHES—*continued*

Pernicious Anæmia
 Polycythæmia, Splenome-
 Pregnancy [galic
 ('masque des femmes
 enceintes')
 Recklinghausen's Disease
 Rheumatoid Arthritis
 Scurvy
 Still's Disease
 Syphilide, Pigmentary
 Tinea Versicolor
 Tuberculosis, Abdominal
 Urticaria Pigmentosa
 Uterine Irritation
 Vagabond's Disease
 Xeroderma Pigmentosum

* * Also from intermittent pressure (garters, collar-stud, etc.), from the use of vesicants or oil of cade, and from exposure to the electric arc light or to heat.

Grey Skin (See *Face*, 389)

325. **Dermatographia Rubra**

Elicited by drawing the back of the thumb nail along the skin of the abdomen

General Paralysis
 Int. Spinal Meningitis
 Tuberculous Meningitis
 Typhic State (62)
 Urticaria

wheals in line
 And most cerebral disorders ('Tache Cérébrale').

* * If a lasting red patch is produced by friction over a painful area, the pain is probably 'referred' from a neighbouring viscus.

326. **Dermatographia Alba**
 (Sergeant's White Line)

The line is produced as in *tache cérébrale*. It appears in from half to one minute and lasts 2 to 5 minutes. It disappears when adrenalin is injected and therefore indicates suprarenal inadequacy.

Addison's Disease
 Fevers, Specific
 esp. scarlatina
 Influenza
 Locomotor Ataxy
 Poisoning by Corrosive Sub-
 limate
 Septicæmia

327. **Atrophic Striæ**

Stripes, at first red, afterwards white, and resembling the lineæ gravidarum. Not necessarily over the seat of the lesion.

Appendicitis
 Enteric Fever
 esp. a transverse line above patella]
 Pneumonia

328. **White Patches**

Albinism, Partial
 Facial Hemiatrophy
 Keloid
 Leprosy
 Leucoderma
 pigmented border

*Morphea
 not hard
 Neuritis
 Raynaud's Disease
 'local syncope'

WHITE PATCHES—*continued*

*Scars

Sclerodermia

hard

(See *Digiti Mortui*, 871)**Cyanosis** (see *Face*, 396)**329. Thickened Skin**

Abscess, Impending

Arsenic-poisoning

soles and palms

Cancer, Acute Mammary

‘peau d’orange’

*Cellulitis

Erysipelas

Ichthyosis

Keratosiis

*Keloid

Leprosy

Lichen ruber

Paralysis agitans, II.

Phlebitis

Rhinoscleroma

Scars

Sclerema

Sclerodactyla

fingers and face

Sclerodermia

Œdema (see 335)**330. Red Skin**

*Abscess

Cellulitis

Chilblain

Cirrhosis of Kidney

or reddish brown

*Erysipelas

*Erythema

,, nodosum

Erythromelalgia

*Gout

Lymphangiectasis

Neuritis (x)

Osteitis, Acute

Pellagra, I.

Rubefacients

Scalds and Burns

*Scarlatina

Synovitis, Acute

(See *Erythema*, 344 ; *Face*
387)**331. Sudamina and Millaria**Small or large vesicles due
to blocking of the sweat
glands.

Cheiropompholyx

*Enteric Fever

Hyperidrosis

*Malignant Fevers

Meningitis, Cerebro-spinal

*Phthisis

Pneumonia, Acute

Relapsing Fever

Rheumatism, Acute

Trichinosis

**332. Petechiæ, Ecchymosis, or
Hæmatoma**The effused blood in a
petechia resembles a small
circumscribed bruise, in
ecchymosis a large diffused
one. A hæmatoma is a
blood tumour due usually
to a ruptured vein.

Ague

Amyloid

Anæmia

Antitoxin, Diphtheric

*Blows

Some persons, esp. females,
bruise from very slight
injuries.

PETECHIÆ, ECCHYMOSIS, OR
HÆMATOMA—*continued*

Buhl's Disease
Cancer of Liver
Cerebro-spinal Meningitis
Chloroma
Cholera
Cirrhosis of Liver
Dilatation of Heart
Diphtheria
Dysentery
Drugs, Occasional Effects of
 Antipyrin
 Arsenic
 Belladonna
 Butyl Chloral
 Chloral
 Copaiba
 Ergot
 Iodides
 Iodoform
 Mercury
 Phosphorus
 Potassium Chlorate
 Quinine
 Salicylic Acid
 Sulphonal
 Veronal
Endocarditis, Ulcerative
Enteric (x)
Erythema multiforme
Fleabites
*Hæmphilia
 Henoch's Purpura
 Infantile Scurvy
 Jaundice
 Kaposi's Disease
 'black-currant rash'
 Leukæmia
 Locomotor Ataxy

Lymphosarcoma
Malaria, Severe
Malignant Fevers
 esp. variola and typhus
Measles
Myelosarcoma
Myelitis
Myositis Hæmorrhagica
Nephritis
Neuritis, Alcoholic
Paroxysmal Hæmoglobin-
 uria
Peliosis Rheumatica
Pernicious Anæmia
Phthiriasis
Phthisis (x)
Plague
Pseudo-Leukæmia Infan-
 tum
Psittacosis
Ptomainism
*Purpura Hæmorrhagica
 Pyæmia
 Remittent Fever
 Rheumatism, Acute (x)
*Rupture of Muscle
 if of T. Achillis, 'H
 shape'
*Rupture of Vein
 Scarlatina (x)
*Scurvy
 Septicæmia
 Snake Poison
 Splenic Anæmia
 Tuberculosis, General
 Typhic State (62)
 Valvular Disease
 Variola (x)
 Weil's Disease
 Yellow Atrophy, Acute
 ,, Fever

333. Trelat's Nævi

Small multiple nævi.

These in the subject of a breast tumour are said to point to:—

Carcinoma

334. Rumpel-Lerde's Test

An elastic ligature at the forearm produces petechiæ at the bend of the elbow.

Diphtheria

Measles

Scarlatina

rash stage—in half a minute

Grocco's test for slight cases of Purpura and Peliosis rheumatica is similar, the result being slight punctiform hæmorrhages.

335. Œdema and Anasarca

A puffiness of the skin which on long pressure with the finger-point leaves a pit lasting about a minute. Anasarca is generalised œdema.

*Abscess

Amyloid, III.

Amyotonia Congenita

Anæmia

Angeioneurotic Œdema

Anthrax (x)

Aortic Aneurysm

„ Disease (x)

very advanced cases

Atrophy of Heart

*Beri-beri

Bronchitis, Chronic (x)

Buhl's Disease

*Cellulitis

Cirrhosis of Liver

termination

Cirrhosis of Lung

Diabetes, III.

Dilatation of Heart

Displaced Heart

Emphysema, III.

Empyema

affected side

*Erysipelas

Erythromelalgia

Essential Dropsy of Children

Extravasation of Urine

Fatty Degeneration of Heart

Fibroid Disease of Heart

Glanders

*Gout

Hypertrophy of Heart, II.

Hysterical Œdema

not pitting

Locomotor Ataxy

transient

Malformation of Heart

*Mitral Regurgitation

Muscular Atony, Cong.

Myositis

Myxœdema

not pitting

Nephritis, Acute and Chronic

Tubular

Neuritis (x)

Pericardium, Adherent

Perinephric Abscess

lumbar region

Pleural Effusion

same side (x)

Pneumo-peritonæum

epigastrium

Polymyositis

Polyneuritis

Scurvy (feet)

Suppurative Synovitis

ŒDEMA AND ANASARCA—

continued

Syphilitic Disease of Heart

Trichinosis

Tricuspid Regurgitation

*Urticaria

*Varicose Veins

Xeroderma pigmentosum

Excess of salt in the dietary
will produce œdema.(See *Limbs*, 863; *Face*,
403)**336. Circumscribed Œdema**

Abscess, Superficial

Aneurysm of Asc. Aorta

if intra-pericardial, nipple;
if extra-pericardial, fourth
right cartilageAneurysm of Transverse
Aorta

above left clavicle

Angioneurotic Œdema

Appendicitis (x)

Caries of Sternum

Empyema

*Encysted Pleurisy

*Furuncle in Meatus

Hepatic Abscess

Hydatids of Lung

Mastoid Abscess

Mediastinal Tumour or
Abscess

Necrosis

Neurasthenia, Traumatic
scalp

Neuritis

Osteomyelitis

*Parotitis

Pericarditis, Purulent

Perinephric Abscess

Poisoned Wounds

Rickets (x)

*Stings

Thrombosis of Sinus
scalp

Tubercle of Ribs

Tumour of Chest Wall
(See *Limbs*, 863)**337. Blue Œdema**

Asthma, Spasmodic

Hysteria

non-pitting; ('Charcot's
Œdema')

Mitral Disease

Syringomyelia

(See *Cyanosis*, 396)**338. Emphysema, Interstitial**Due to air or gas in the
subcutaneous tissue. The
skin crackles on pressure.

Broncho-pneumonia

Caisson Disease

Foreign Body in Lungs

Fractured Pelvis

,, Ribs

Glanders

Perforation of Œsophagus,
Stomach, or Bowel (x)

Phthisis

Pneumothorax (x)

Rupture of Air Cells

from shouting, coughing,
lifting, etc.

Ulceration of Larynx

Wound of Lung, Mouth,
Larynx, or Intestine* * Some cases are due to
infection with *B. aëro-*
genes capsulatus and a
few to *B. coli*.

339. Inelastic Skin

This is often due to loss of tone in the minute skin muscles, as is seen in the skin of persons who, formerly stout, have become thin.

***Atrophy, Senile**

Cholera

Coma

Diarrhoea, Profuse

***Enteric Fever**

Meningitis

Paralysis Agitans

Starvation

Syphilis, Hereditary

***Typhic State (62)**

Typhus

340. Goose Flesh

A roughened skin due to spastic contraction of the skin muscles.

Rigors and Chills (236)

341. Glossy Skin***Anasarca*****Gout**

Injury to Nerves

Leprosy—non-tuberculated

Neuritis

***Stretched Skin**

from any cause

Syringomyelia

'peau lisse'

342. Scaling or Desquamation

Sequel of dermatitis of some kind.

Antipyrin Rash

Belladonna Rash

Copaiba Rash

Dengue

Dermatitis exfoliativa neonatorum

Desquamatio Periodica

Eczema

Enteric Fever (x)

Erysipelas

Erythema (x)

Erythema Scarlatiniforme

appears 2nd to 4th day

Favus

yellow

Gout

Herpes

Ichthyosis

Lupus

Measles

branny

Morphia Rash

Pityriasis**Pityriasis rubra**

flakes

Pityriasis versicolor**Psoriasis**

Quinine Rash

Rötheln

slight

Scarlatina

from 7th day to about 7th week. Flakes are less common than formerly

Scurvy

legs

Seborrhoea

fatty scales

Syphilis

Tinea tonsurans

Xeroderma

* * Working men desquamate on the palms when out of employment. Carbolic acid and other disinfectant lotions or baths may produce it.

343. Scars follow :—

*Abscess

Acne rosacea

Anthrax

*Boils

Bubo

*Burns

if deep

*Carbuncles

Chancre

Ecthyma

Gangrene

Glands, Tuberculous

Gummata, Suppurating

Herpes Zoster

*Lupus erythematosus

Lupus exedens

*Lupus syphiliticus

large

Lupus vulgaris

bluish and papery

Serpiginous Syphilide

bean-shaped

Tubercles (350)

*Ulcers

Varicella (x)

*Variola

Wet-cupping

*Wounds

Linear scars follow overstretching of the skin from œdema, pregnancy, abdominal tumours, obesity, etc. (lineæ albicantes, see 822).

344. Erythema (Diffused Redness)

Cerebro-spinal Meningitis

Dengue

Dermatitis exfoliativa neonatorum

Drugs, Action of :—

Antipyrin

Antitoxin

Arnica

Arsenic

Belladonna

Boric Acid

Bromides

Chloral

Copaiba

Croton Oil

Cubebs

Iodides (x)

Neo-salvarsan

Quinine

Rhubarb

Salicylates

Sulphonal

Veronal

*Erysipelas

Erythema infectiosum

circular patches beginning on face

Erythema multiforme

Erythema scarlatiniforme

common after operations—throat normal or slightly reddened.

*Erythema simplex

Extravasation of Urine

‘Fourth Disease’

Gout

Hydroa, i.

Influenza

sometimes scarlatiniform

Intertrigo

Kidney, Cirrhosis of

Leprosy

Malingering

‘erythema artefactum’

Myositis

Pellagra, i.

ERYTHEMA—*continued*

- Phlebitis
- Polymyositis
- Primula obconica
contact with
- Ptomainism
- Raynaud's Disease
- Roseola, Syphilitic
- Rötheln
- *Rubefacients
- *Scarlatina
neck first—punctate
- Sleeping Sickness
annular
- Typhus (x)
prodromal
- Urticaria
around wheals
- Variola (x)
prodromal stage
Also from irritant baths
or lotions and from soap
enemata.

345. Macules or Flat Coloured**Spots**

- Angiokeratoma
- Dermatitis herpetiformis
- Erythrasma
- *Freckles
- Lupus
- Mycosis fungoides
patches
- Nævus
- Peliosis Rheumatica
- Purpura
- Roseola (x)
- Spilus
- Syphilis
- Typhus
mulberry—chiefly on abdo-
men

346. Papules

A papule is a solid, circumscribed, usually transient elevation less than a split pea in size. It may be the first stage of a vesicle, pustule, or crust.

- *Acne
- Anthrax, I.
- Antitoxin Injection
- 'Caterpillar Rash'
- Copaiba Rash
- Dermatitis herpetiformis
- Eczema, I.
- *Enteric Fever
lenticular—several crops,
chiefly about hypo-
chondria
- Erythema multiforme
- Influenza
- Lichen planus
flat-topped, purplish
- Lichen ruber
flat and sometimes umbilicated
- Lichen scrofulosorum
confluent
- *Measles
face first; spots isolated
at first, afterwards
grouped
- Miliaria Papulosa
- Paratyphoid
- Phthiriasis
- Pityriasis rubra
- Prurigo
- Psittacosis
- Roseola
- Rötheln
- Scabies
- Sporotrichosis

PAPULES—*continued*

Syphilis

esp. around forehead
(‘Corona Veneris’)

Varicella, i.

several crops

Variola

first 3 days of eruption—
face and wrists first

Verruca plana

Xerodermia

347. Vesicles (‘Watery Heads’)

Anthrax

Antimony externally

Arnica externally

Arsenic-poisoning, Chronic

Bites

Bromism

Cheiopompholyx

Dermatitis herpetiformis

„ repens

*Eczema

Erythema multiforme

Foot-and-Mouth Disease

hands and feet

Glanders

Grocer’s Itch

Herpes iris

rings

Herpes simplex

*Herpes zoster

track of a nerve, u rt.
intercostal

Impetigo contagiosa

Lichen urticatus

Lymphangioma circumscriptum

Miliaria

Poliomyelitis, Acute (x)

*Scabies

esp. between fingers

Sudamina

Sulphur Inunction

Syphilis (x)

*Varicella, i.

12th to 36th hour of disease,
not umbilicated, collapse
on pricking, several crops,
fluid rarely turbid. Size
variable, more numerous
on trunk than on face
and limbs.

Variola

3rd to 6th day, umbilicated,
do not collapse on prick-
ing, single crop, become
turbid before drying up.
Size uniform, most
marked on face and ex-
tremities. More on back
than on chest and abdo-
men.

348. Bullæ

Anasarca

Bromism

Cheiopompholyx

Dermatitis herpetiformis

Epidermolysis bullosa

Erysipelas

Erythema bullosum

„ iris

Gangrene, i.

Glanders

Hydroa gestationis

Impetigo contagiosa (x)

Iodism (x)

Leprosy

Meningitis, Cerebro-spinal

Morvan’s Disease

BULLÆ—continued***Pemphigus**

Raynaud's Disease

black and symmetrical

Rupia, I.

Scurvy

containing blood

Syphilis, Hereditary

Syringomyelia

affected limb

Urticaria bullosa

Bullæ may also be due to burns, friction or vesicants, or to *Primula obconica* or *Rhus toxicodendron*, and they occur in workers in tar, varnish, and aniline dyes.

349. Pustules or Mattery Heads

Anthrax

***Ecthyma**

Eczema pustulare

Drug Eruptions

bromides, iodides, copaiba, etc.

Glanders

***Impetigo contagiosa**

Porrigio

Pyodermatitis vegetans

Scabies

Sporotrichosis

Sycosis

Varicella (x)

Variola

350. Superficial Nodules or 'Tubercles'

A tubercle is a large papule which does not undergo resolution and is apt to cicatrise.

Acne**Bromism**

Carcinoma, Secondary

Elephantiasis

Epithelioma

Gummata

Iodism (x)

Keloid

Lupus

***Molluscum**

Neuro-Fibromata

Neuroma

Phyma

Recklinghausen's Disease

generalised neuro - fibromata

Rodent Ulcer, I.

Scrofula

Sporotrichosis

Sycosis

Syphilis

Vitiligo

***Warts**

Yaws

351. Gangrene

Aneurysm

Arsenic-poisoning

***Atheroma**

Cauda Equina Affections

Claudication Intermittente,

III.

***Diabetes**

Embolism

s. symmetrical

Emphysema, Cutaneous

Endarteritis

***Ergotism**

dry

Erythromelalgia

Iodides

GANGRENE—continued

Leprosy
 Locomotor Ataxy
 Meningo-myelitis
 Morvan's Disease
 Myelitis
 Neuritis, Peripheral
 Orthoform, Effect of
 Paralysis
 Phlebitis

moist

Pyæmia
 Quinism
 *Raynaud's Disease
 *Senility

Syringomyelia

Trauma

Thrombosis

Tumours, Pressure of

Gangrene may be caused by
 tight bandages and car-
 bolic-acid dressings.

352. Crusts or Scabs

Due to 'caked' discharge.
 A crust may be the last
 stage of an eruption which
 began as a papule.

Acne sebacea

fatty

*Ecthyma

*Eczema

Eczema rubrum

like guttapercha tissue

Erythema multiforme

Favus

yellow 'scutula' or cups—
 scaly

Herpes

Impetigo

Impetigo Contagiosa
 surrounding skin pale

Leprosy

Lupus vulgaris

ringed with 'apple jelly
 nodules'

Mycosis Fungoides

with tomato-like growths

Pemphigus vulgaris

not raw underneath

Psoriasis Rupioides

base ulcerated

Ringworm (x)

Rupia

laminated cones

*Scabies

Sycosis

*Variola

Yaws, Secondary

raspberry crusts

Crusts often hide an ulcer
 (364).

353. Wheals

Like nettle-stings

Angeioneurotic Edema

Cerebro-spinal Meningitis

Dengue

Dermatitis herpetiformis

Gallstone Colic (x)

Gastro-enteritis

Hydatids

Kidney, Cirrhosis of

Peliosis Rheumatica

Polymyositis

Tapeworm

*Urticaria

Also Nettle-sting and the
 following drugs :

Antimony

WHEELS—*continued*

Antipyrin
 Antitoxin
 Bromides
 Copaiba
 Iodides
 Morphine
 Quinine
 Santonin
 Sulphonal

354. Ulcers

A circumscribed skinless
 area.

Anthrax
 Atheroma
 Cancer
 Diabetes
 Eczema, III.
 Elephantiasis (x)
 Epithelioma
 Erythema Induratum
 Frostbite
 fingers, toes, and nose
 Gangrene
 Glanders
 Gout
 superficial, over gouty joints
 Innervation, Deficient
 see *Perforating Ulcer* (866)
 Lupus vulgaris
 with 'apple jelly nodules'
 Rodent Ulcer
 Sarcoma
 Scurvy
 'bullock's liver crusts'
 Senile Decay

Syphilis, Tertiary

circular, with abrupt edges
 and dark red areola

Trauma

Tuberculosis

on neck or near a joint,
 oval or confluent, bleed
 easily, edges undermined,
 pink areola

Varicose Veins

* * * Edematous granulations
 usually imply diseased
 bone.

355. Condylomata

Moist flattened swellings,
 occurring near junction of
 skin with mucous mem-
 brane.

Syphilis

356. Skin Organisms

A rapid method of diag-
 nosing ringworm consists
 in dabbing a patch with
 some cotton wool soaked
 in chloroform. On evap-
 oration, the hairs will
 look as if dusted with hoar
 frost (see 313).

Acarus Scabiei

(Itch)

Achorion Schönleini

(Favus)

Bacillus Acnes

(Acne, Area, Seborrhœa)

Cimex Lectularius

Kala Azar (Host)

Culex Fatigans

(Carrier of Filariasis)

SKIN ORGANISMS—*continued*

Flask-shaped Bacilli

(Seborrhœa, Area)

Larvæ of Flies

(Myiasis)

Microbacillus of Sabouraud

(same as B. Acnes)

Microsporon Audouini

(Ringworm—90 per cent.
of London cases)

Microsporon Furfur

(Pityriasis versicolor)

Microsporon Mentagraphytes

(Sycosis)

Microsporon Minutissimum

(Erythrasma)

Morococcus of Unna

(Eczema)

Pediculus Capitis

Pediculus Corporis

(Phthiriasis ; said also to be
the carrier of Typhus)

Pediculus Pubis

Pulex Penetrans

Trichophyton Megalosporon

Ectothrix

(Ringworm, esp. Kerion)

Trichophyton Megalosporon

Endothrix

(Ringworm)

(For *Itching* see 218)

357. THE HEAD

The three measurements used for determining the size of the head are, (a) from one meatus to the other ; (b) over the top of the head from the root of the nose to the occipital protuberance ; and (c) horizontally round the skull on the level of the supra-orbital ridges and the occipital protuberance.

358. Shape and Size Altered

Achondroplasia

large and broad, ' bull-dog ' type with large vault

Acromegaly

enlarged bones (esp. inf. maxilla) and soft parts

Cretinism

large, flat-topped

Hydrocephalus

large and spherical

Hypertrophy of Brain

even enlargement

Idiocy, Macrocephalic

large and irregular

Idiocy, Microcephalic

small and triangular, with apex at crown

Infantile Hemiplegia

flattened on one side

Leontiasis Ossea

large and globular, with pronounced orbits

Mongolian Imbecility

short and spherical

Myxœdema

large, with ' full-moon face '

Osteitis deformans

uniformly large and growing, with triangular face

Rickets

quadrilateral profile ; high, square, and prominent forehead

Syphilis, Hereditary

depressed sutures surrounded by bosses termed Parrot's Nodes (' hour-glass ' or ' hot-cross bun ' head).

359. Swellings on Head

Abscess

Cephalhæmatoma neonatorum

Cirroid Aneurysm

worm-like

*Cysts, Sebaceous

Hæmatoma

Hernia Cerebri

Meningocele

Mycosis Fungoides (x)

Nævi

Nodes

Trauma

Head Fixed (see *Stiff Neck*, 710)

360. Voluminous or Rolling Head

Inability to support the weight of the head ; normal under 2 months.

VOLUMINOUS OR ROLLING

HEAD—*continued*

Congenital Myotonia (x)

Hydrocephalus

Idiocy

Multiple Neuritis (x)

Myasthenia Gravis

*Rickets

(See *Hypotonia*, 1349)

361. Retracted

Abscess, Postpharyngeal

,, Subtentorial

*Basilar Meningitis

tuberculous or simple

Catalepsy

Cerebro-spinal Meningitis

Cyanosis, Acute

Encephalitis, Acute

Faucial Inflammation

Hæmorrhage, Cerebellar

Hydrophobia

Hystero-epilepsy

Meningitis, Suppurative

'Meningisme' (Dupré)

Otitis Media, Acute

in infants

Paramyoclonus multiplex

Pneumonia, 'Cerebral'

Post-basic Meningitis

Spinal Meningitis, Int.

Strychnine-poisoning

Teething (x)

Tetanus

Thrombosis, Sup. Longitudinal

Torticollis, Spasmodic

Tumours, Subtentorial, II.

Typhic State (x) (62)

(See *Opisthotonos*, 1426)

362. Oscillating

Aortic Aneurysm

Epilepsy

Friedreich's Disease

Hereditary Cerebellar Ataxy

Menière's Disease

Otitis Media

Paralysis Agitans

*Rickets

363. Nodding ('Spasmus Nutans')

Epilepsy

Habit Spasm

Hysteria

Miner's Nystagmus

(See 1413)

364. De Musset's Sign

A rhythmic nodding of the head, synchronous with the heart beat.

*Aortic Regurgitation

Arterio-sclerosis

Exophthalmic Goitre (x)

Left Hypertrophy

with arterio-sclerosis

** The name is that of the poet
—a sufferer.

365. Gould's Sign

The patient sees best with the head bowed.

Retinitis Pigmentosa

366. Œdematous

*Abscess

Anasarca

Erysipelas

Furuncle in Meatus

behind ear

ŒDEMATOUS—continued

Glanders

forehead

Mastoid Periostitis

Mediastinal Tumour

Otitis interna, Suppurative
behind earThrombosis of Lat. Sinus
behind earThrombosis of Superior
Longitudinal Sinus
forehead
(See *Anasarca*, 335)**367. Enlarged Veins**

Hydrocephalus

Mediastinal Tumour

Thrombosis of a Sinus

Tuberculous Meningitis

Tumours of Neck

368. FONTANELLES

The small soft areas on a baby's head. They should all close before the end of the second year.

369. Bulging Fontanelles

Hydrocephalus

Hyperæmia of Brain

Meningitis

Tumour of Brain

Ventricles, Effusion into

372. Large Fontanelles

Cretinism

Hydrocephalus

*Rickets

Syphilis, Hereditary

370. Depressed Fontanelles

Anæmia of Brain

Cholera

Diarrhœa

Marasmus

Spurious Hydrocephalus

Wasting Diseases (311)

373. Broad Sutures or Seams

Cretinism

Hydrocephalus

Rickets

374. Overlapping Sutures

Infantile Wasting Diseases
(see *Depressed Fontanelles*,
370)

371. Late in Closing

Cretinism

Hydrocephalus

Mongolian Imbecility

Rickets

375. Craniotabes

Areas of thinned bone in
occipital and parietal
regions.

Hydrocephalus

Rickets

Syphilis, Congenital

376. THE HAIR

377. Weak Hair.—The breaking strain of hair may be easily estimated by using a Salter's letter balance. Each end of the hair is held between finger and thumb and its middle is stretched over the letter holder, which is then slowly pulled down by the hair until the latter breaks. The number of ounces at which it breaks is noted. The author made a large number of experiments in this way, and found that $6\frac{1}{2}$ ounces was the general average for hair, that white hair was stronger than that which had not changed its colour, and that water and almost all toilet preparations weakened the hair to some extent, while oils strengthened it. The curling tongs had very little effect, but stretching produced a marked weakening, due to the hair not regaining its original length.

As an aid to diagnosis, if falling hair prove of normal strength the cause must be in the scalp or in the failure of bodily strength, *e.g.* anæmia, fevers, etc.

378. Baldness or Thin Hair

Alopecia universalis

*Anæmia

Arsenic-poisoning

*Convalescence from Fevers

Cretinism

Eczema, Chronic

Enteric Fever

Erysipelas

Exophthalmic Goitre

Facial Hemiatrophy

on wasted side

Gout

Hydrocephalus

Lymphadenoma (x)

Mongolian Imbecility

mousy

Myxœdema

Phthisis

Progeria

Psoriasis

*Seborrhœa

Senility

Syphilis

Thallium Acetate, Action of

It is sometimes associated with neuralgia or dental trouble, and is often hereditary.

379. Bald Patches

*Alopecia Areata

Alopecia of Brocq

depressed

Eczema (x)

Facial Hemiatrophy

Favus

Folliculitis Decalvans

Gummata

Ichthyosis

Impetigo

sequel

Lupus erythematosus

Keratosis

BALD PATCHES—*continued*

Morphea

Psoriasis

Rickets

back of head

Ringworm**Scars**

Sclerodermia

Seborrhœa

Syphilis, Secondary

Variola

(See *Scars*, 343)**380. Hypertrichosis**

Idiocy

Menopause

Moles

Nephroma

Suprarenal Tumour

often sudden

Tuberculosis of Children

down or lanugo

**381. 'Point of Exclamation
Hairs' (!)*****Alopecia Areata**

Ringworm, III

Seborrhœa (x)

Absent in Brocq's Alopecia.

382. Matted Hair

This is generally due to neglect of combing and oiling during a severe illness.

Eczema

***Pediculosis**

Plica Polonica

383. Beaded Hair

Hodara's Disease

Leptothrix

Piedra

Trichorrhexis Nodosa

Trichosis, Giovanini's

384. THE FACE

Pallor is chiefly of importance when the patient is known to have had a good colour previously. It is normal in night-workers and those who have insufficient sunlight.

385. Pallid (including Anæmia)

Anæmia is distinguished by the pallor of the conjunctiva under the lids.

Amenorrhœa

Amyloid

*Anæmia

Ankylostomiasis

*Aortic Regurgitation

„ Stenosis

Aplastic Anæmia

Arsenic-poisoning

Arterio-sclerosis

or cyanosed

Atony of Stomach

Atrophy of Heart

Banti's Disease

Bilharzia

Cancer of Pancreas

Chloroma

Chlorosis

in blondes

Cholera

Dilatation of Heart

Dysentery

Endocarditis

Exophthalmic Goitre

Hæmatocele

*Hæmorrhage

Hyperlactation

Inversion of Uterus

Leukæmia

Lymphadenoma

Malaria

Menorrhagia

Mercurialism

Mitral Stenosis, I.

patchy

Multiple Myomata

Myocarditis, Acute

Myxœdema

waxy

Nephritis, Chronic

Ovarian Disease

Periarteritis Nodosa

Pernicious Anæmia

Phthisis, I.

Plague

Relapsing Fever

Rheumatoid Arthritis

Status Lymphaticus

Tabes mesenterica

Thrombosis of Pulmonary

Artery

Trichinosis

Tuberculosis

Uterine Fibroid

386. Transient Pallor

Alcoholic Coma

Angina Pectoris

Asthma, Spasmodic

or cyanosed

Colic

*Collapse

Compression of Brain, III.

*Concussion of Brain

Epilepsy, I.

Faints

Gastric Irritation

Mnière's Disease

TRANSIENT PALLOR — *continued*

Petit Mal

*Shock

‘Spinal Concussion’

*Syncope

Trance

Tuberculous Meningitis

** Also poisoning by depressants.

387. Flushed Face

Ague

hot stage

Alcoholism, I.

Apoplexy

Cancrum Oris

one cheek

Concussion of Brain, III.

Enteric Fever, III.

hectic

Fevers, I.

Hysterical Convulsions

Paralysis of Sympathetic

unilateral

Phthisis, III.

hectic

Pleurisy, Acute

Pneumonia, Acute

esp. on affected side

Remittent Fever

Rheumatism, Acute

Uterine Tumours

A flushed face is not inconsistent with anæmia.

388. Transient Flushes

Amenorrhœa

Chlorosis

Constipation

Dysmenorrhœa

Enteric Fever

Epileptic Aura

Exophthalmic Goître

Indigestion

Lactation

*Menopause

Neuralgia, Trigeminal

Neurasthenia

Nitrite of Amyl

Nitroglycerin

Pregnancy

*Tuberculous Meningitis

389. Grey or Slaty

Antifebrin

Argyria

Hæmachromatosis

Pellagra

Sulph-hæmoglobinuria

390. Earthy or Sallow

Anæmia of Dark Persons

Atony of Stomach

Bromism

Cancerous Cachexia

Chlorosis

greenish grey in dark persons

Cirrhosis of Liver

Colitis

*Constipation

Duodenal Catarrh

Enteritis, Chronic

Exophthalmic Goître

Facial Hemiatrophy

parchment-like yellowish patches

*Fæcal Accumulation

Fatty Degeneration of Heart

Gastritis, Chronic

Hepatic Abscess

Lead-poisoning

EARTHY OR SALLOW—continued

Mediastinitis
 Pleurisy in Children
 Rheumatoid Arthritis
 *Syphilis, Hereditary
 'café au lait'

391. Lemon Yellow

Aplastic Anæmia
 Congenital Cholæmia
 *Pernicious Anæmia

392. JAUNDICE OR ICTERUS

In old-standing cases, and especially in cancer of the liver, the skin becomes greenish, owing to the conversion of bilirubin into bilverdin.

393. Nervous Jaundice

Anxiety
 Concussion of Brain (x)
 Fourth Ventricle, Lesion of
 Fright, etc.
 Menstruation (x)

394. Obstructive Jaundice**(a) INTRINSIC**

Obstruction within the duct.

Cancer of Duct
 *Catarrh of Bile-ducts
 „ of Duodenum
 Cholangitis
 Chronic Fibrous Cholangitis
 Congenital Deficiency of Duct
 Distomata
 Foreign Bodies from Intestines

Gallstones

absent or late when in cystic duct

Hydatids

rupturing into duct

Icterus neonatorum

'Inspissated Bile' (?)

Roundworm

in bile-duct

Stricture of Duct

spasmodic or organic

Tumefaction of Duct-wall**(b) EXTRINSIC**

Pressure upon the duct or its branches.

Abscess, Hepatic Dysenteric, or Pyæmic

Adhesions, Peritonæal

Aneurysm

abdominal aorta, celiac axis, hepatic artery, or superior mesenteric artery

Cancer of Liver, Bile Duct, Duodenum, Pancreas, Right Kidney, or Omentum

Cirrhosis of Liver

slight

Cyanotic Liver

from mitral disease, etc.

Cystic Tumour of Duct

Duodenal Scar from old Ulcer

Duodenitis

Fæcal Accumulation (x)

Glands, Enlarged Portal

from cancer, leukæmia, lymphadenoma, lymphosarcoma, tuberculosis or syphilis

OBSTRUCTIVE JAUNDICE—*continued*

Hepatitis, Acute (x)
 Hydatids
 Icterus neonatorum
 Kink of Bile Duct
 from tumours, Riedel's
 lobe, etc.
 Movable Kidney (rt.)
 intermittent
 Pancreatitis
 Perihepatitis
 from contraction
 Peritonitis (x)
 from contraction
 Pneumonia, Acute
 slight
 Pregnancy (x)
 Pylephlebitis, Suppurative
 Splenomegaly, Gross
 Syphilitic Liver
 Tumour of Duodenum, Rt.
 Kidney, Rt. Suprarenal
 Capsule, Liver, Pancreas,
 Ovary, Omentum, Sto-
 mach, Colon, or Uterus

395. Toxæmic Jaundice

Acute Yellow Atrophy
 Buhl's Disease
 Congenital Cholæmia
 Endemic Jaundice
 Endocarditis, Ulcerative (x)
 Hæmoglobinuria Infantum
 Hæmorrhage
 Influenza (x)
 Malaria, III.
 Pernicious Anæmia
 " Intermittent
 Poisoning by Antimony,
 Arseniuretted Hydrogen,

Chlorate of Potash, Cop-
 per, Liquid Chloroform,
 Mercury, Phosphorus, or
 Snake-venom

Pyæmia
 Relapsing Fever
 Remittent Fever
 Typhus
 Weil's Disease
 temporary
 Yellow Fever

396. Lividity or Cyanosis

Usually due to insufficient
 air reaching the blood
 or *vice versâ*.

Ague
 cold stage
 Alcoholism
 Aneurysm, Intrathoracic (x)
 " of Heart
 Arterio-sclerosis, III.
 Ascites, Extreme
 Asphyxia
 *Asthma, Spasmodic
 Bronchial Glands, Enld.
 *Bronchitis, Acute
 " Plastic
 Broncho-pneumonia
 Bulbar Paralysis
 Cancrum Oris
 one cheek
 Cholera, III.
 Collapse of Lung
 Cyanosis, Enterogenous
 Dilatation of Heart
 Diphtheria, Laryngeal
 Displaced Heart
 Dyspnœa, Acute
 Emphysema, III.
 Epilepsy, II.

LIVIDITY—continued

Fibroid Phthisis
 *Foreign Body in Air-passages
 Glossitis, Acute
 Hæmoglobinuria, Infantile
 Hernia, Diaphragmatic
 Hooping-Cough
 end of paroxysm
 Hydrothorax, Sudden
 Hypertrophy of Right Ventricle
 Hypostatic Congestion of Lungs
 Iodism (x)
 œdema laryngis
 Intercostal Rheumatism
 Laryngitis, Acute
 Laryngismus Stridulus
 Locomotor Ataxy
 laryngeal crisis
 Lung, Embolism of
 „ Sarcoma of
 *Malformation of Heart
 esp. pulm. stenosis; less marked in patent septum
 Mediastinal Tumours
 Mediastinitis
 *Mitral Disease
 Myocarditis, Acute
 Œdema of Lung
 „ Laryngis
 Paralysis, Bilateral Abductor
 „ of Diaphragm
 „ of Respiratory Muscles
 Pericardial Effusion
 Pericarditis
 Pericardium, Adherent

Pernicious Intermittent
 Peritonitis, Acute (x)
 Pleurisy
 „ Diaphragmatic
 Pneumonia, Acute
 Pneumothorax
 Poisoning by Anilines, Antifebrin, Antipyrin, Hydrocyanic Acid, Nitro-Benzine, Opium, Phenacetin, Strychnine and Intestinal Toxines
 Pulmonary Apoplexy
 Retropharyngeal Abscess
 Spasm, Adductor
 Splenomegalic Polycythæmia
 Sunstroke
 Tetanus
 Thrombosis of Pulmonary Artery
 Trypanosomiasis
 in patches
 *Tuberculosis, Acute
 greater than in bronchitis
 Tumour, Laryngeal
 Tympanites
 Vena Cava, Obstructed
 (See *Dyspnœa*, 1223)

397. Venous Stigmata

Patchy redness showing groups of enlarged venules.
 *Alcoholism
 Cirrhosis of Liver
 Erythromelalgia
 Facial Hemihypertrophy
 Paroxysmal Cough
 Vomiting, Chronic

398. Ulceration, Facial

Lupus vulgaris

‘apple jelly nodules’

Rodent Ulcer

rolled up edges

Syphilis, Secondary or Tertiary

(See *Ulcers*, 354)**399. Sides Unequal**

Congenital Asymmetry

” Torticollis

Facial Hemiatrophy

both tissues and muscles
wasted

Facial Hemihypertrophy

Facial Paralysis, Old

esp. if dating from childhood

Infantile Paralysis, Old

Paralysis of Cervical Sym-
pathetic**400. Flapping Cheek**

*Apoplexy

Coma (64)

Diphtheritic Paralysis

*Facial Paralysis

** Unilateral toothlessness
may be misleading.**401. Pinched Face**

Ague (cold stage)

Atrophy

Cholera

Colic

*Collapse (235)

Death, Impending

‘Facies Hippocratica’

Diarrhœa

Dysentery

*Enteric Fever

Exophthalmic Goitre

Gangrene of Lung

Hæmorrhage

Idiopathic Muscular Atro-
phy

Lipodystrophia, Progressive

Perforation of Stomach or
Bowel

*Phthisis

Remittent Fever

Rheumatoid Arthritis

Sclerodermia

Spinal Caries

Strangulated Hernia

Tabes mesenterica

*Tuberculosis

*Wasting Diseases (311)

402. Thickened Features

Non-pitting

Acromegaly

Cretinism

Leprosy

Myxœdema

Sclerema

403. Swollen Face

Local or general

*Abscess

Actinomycosis

lower jaw

Anasarca (335)

Aneurysm, Thoracic

Angeioneurotic Œdema

Anthrax

Boils

Cancerum Oris

one cheek

SWOLLEN FACE—*continued*

- Chloroma
 - temples
- Dacryocystitis
- Dropsy etc., of Antrum
- Dengue
- *Dental Abscess
- Dyspituitarism
 - 'pudding face'
- Emphysema, III.
- Enlarged Bronchial Glands
 - (x)
- *Erysipelas
 - Exophthalmic Goitre
 - Hooping Cough
 - Hydrocephalus (x)
 - Leprosy
 - Mediastinal Tumour
- *Mitral Regurgitation
 - Mumps
 - Myxœdema
 - *Nephritis, Tubular
 - Œdema (335)
 - „ Circumscribed
 - Acute
 - Parotid Tumour, Gaseous
 - Parotitis, Gouty
 - Pneumothorax
 - Scurvy
 - Thrombosis of Cavernous Sinus
 - Thrombosis of Superior Longitudinal Sinus
 - forehead
 - Trichinosis
 - Trypanosomiasis
 - *Urticaria
 - Variola,¹ Confluent
 - A puffy face is also common in wasted infants, and it may be caused by coughing or vomiting.

404. Præ-auricular Gland Enlarged

The area of irritation includes cheek, eyelid, ear, and temple.

- Chancre of Eyelid
- Conjunctivitis, Parinaud's
- Dental Caries, Upper
- Epithelioma
- Melanotic Sarcoma
- Septic Infection
- Tuberculosis of Ear
- Varicella

405. Twitchings of Face

- Blepharospasm
- *Chorea
- Convulsions
- Dentition
 - esp. wisdom teeth
- Epilepsy
- Exophthalmic Goitre
 - of levatores palpebrarum
 - 'Abadie's Sign'
- General Paralysis
 - lips
- Gilles de la Tourette's Disease
- *Habit Spasm
- Hysteria
- Meningitis
- Mimic Tic
- *Muscular Asthenopia
- Paramyotonia congenita
 - lower part—excited by cold
- Polypus
- Strychnine
- Tetanus
- Tic-douloureux
- Tooth, Carious
 - (See *Clonic Spasms*, 1406)

406. Frontalis Symptom

Involuntary persistence of
a voluntarily induced
wrinkling of the forehead

Paralysis Agitans

407. Facies

An experienced clinician
may sometimes make a
diagnosis at a glance.

Abdominal Disease

pinched face, sunken eyes,
anxious expression

Acromegaly

lower jaw and all bony
facial prominences en-
larged. Long thick upper
lip

Adenoids

vacant expression, open
mouth and collapsed nos-
trils

Chloroma

frog-like

Chronic Bright's Disease

puffy, putty colour, ex-
pressionless

Cretinism

face broad; ears large;
nose flat and large; lips
and eyelids thick; mouth
open

Enteric Fever

drawn inelastic skin, pallor,
resigned expression

Exophthalmic Goitre

eyes prominent and staring;
face drawn and thin;
tremors

Facies Leonina (Leprosy)

Due to thickened ridges
of skin

Hydrocephalus

prominent forehead and
small features—'Marshall
Hall Facies'

Leontiasis Ossea

bony prominence over orbit.
Lion-like expression

Locomotor Ataxy

forehead wrinkled; eye-
lids drooping; pupils con-
tracted and fixed

Miculicz' Disease

marked broadening of the
cheeks with external
ptosis

Mitral Disease, Uncompensated

puffy face, purple com-
plexion, anxietas

Mongolian Idiocy

ears large; palpebral fis-
sures sloped downwards
and inwards; tongue
thick and protruded;
complexion florid

Myasthenia Gravis

eyes drooping; lower jaw
dropped. Sometimes a
'nasal smile'

Myxœdema

swollen expressionless fea-
tures, thick lips and ears,
scanty hair

Paralysis Agitans

face stiff—as if starched,
eyelids retracted, eyeballs
restless

Syphilis, Congenital

bumpy overhanging fore-
head, pug nose, café-au-
lait skin, radiating lines
at angles of mouth

FACIES—*continued*

Typhic or Typhoid state
flushed cheeks, bright eyes,
tremulous lips

* * Facies Hippocratica occurs
in the dying and is marked
by pinched and curved
nose, sunken eyes and
temples, open mouth, etc.

408. Jadelot's Traits

Labial Line

A line extending outwards
from angle of mouth.

Respiratory Diseases

Nasal Line

A line starting from the
nose and forming a semi-
circle round the mouth.

Digestive Diseases

* * Dr. Ainslie Hollis has
called attention to varia-
tions in the angle of the
naso-labial fold.

409. Omega Melancholicum

Vertical folds resemble the
Greek letter ω between
the eyebrows (Schuele's
Sign)

Melancholia

410. THE EXPRESSION

In organic aphasia the expression sometimes represents the opposite, or a different, emotion ; so that a distressed look may be indicative of pleasure. The observation has doubtless been made by others ; but, if so, I have found no record of it. Since this was written, it has been termed 'paramimia.' (See 1249.)

411. Vacant Expression

Adenoids
 Anæmia, Advanced
 Bulbar Paralysis
 Collapse
 Cretinism
 Dementia
 Diphtheritic Paralysis
 Disseminated Sclerosis
 Enteric Fever
 *Facial Paralysis
 Hydrocephalus
 Hysteria
 Idiocy
 Idiopathic Muscular Atrophy
 Landouzy-Déjérine's Paralysis
 Myasthenia Gravis
 Myxœdema
 sad
 Neuritis
 Optic Thalamus, Lesion of
 *Paralysis Agitans
 ' Parkinson's mask '
 Paralysis, General
 Plague
 Tetanus, I.
 Typhus
 Worms

412. Leonine Expression

Leontiasis Ossea
 bony masses
 Leprosy
 Masses of thickened skin

413. Anxious Expression
(' Anxietas ')

Aneurysm
 *Angina Pectoris
 Appendicitis
 Colic (122)
 Diaphragmatic Pleurisy
 Dysentery
 *Dyspnœa, Acute (1223)
 Emphysema, Interstitial
 Empyema
 Fatty Degeneration of Heart
 Fractured Ribs or Sternum
 *Gallstone Colic
 Gangrene of Lung
 Glossitis, Acute
 Hepatic Abscess
 Hydrophobia
 Injuries, Severe
 *Intestinal Obstruction,
 Acute
 Laryngitis, Acute
 ,, Diphtheritic
 Lead Colic
 Myocarditis, Acute

ANXIOUS—*continued*

- *Edema Laryngis
- Pericarditis
 - with lips retracted
- Perihepatitis
- Peritonitis, Acute
- Pleurisy, Acute
- Pneumonia, Acute
- Pneumothorax
- Septicæmia
- *Spasmodic Asthma
- *Strangulated Hernia
- Uræmia

414. Threatening Expression

- Delirium Tremens
 - or suspicious
- Encephalitis
- Hydrophobia
- *Mania

415. Unmeaning Grimaces

- *Chorea
- *Gilles de la Tourette's
 - Disease
- Hereditary Cerebellar
 - Ataxy

- Hydrocephalus
- Hysteria
- Insanity
- Malingering
- Spasm of Facial Nerve
- Strychninism
- Tetanus
- Tic Convulsif
 - (See *Twitchings*, 1407)

416. Risus Sardonicus

- A drawing outwards of the
 - angles of the mouth.
- Abdominal Cancer
- Catalepsy
- Hysteria
- Inflammation of Diaphragm
- Landouzy-Déjérine Para-
 - lysis
 - 'transverse smile'
- *Peritonitis
- Scars, Contraction of
- Sclerodermia, Facial
- Spasm of Facial Nerves
- Strychnine-poisoning
- *Tetanus
- Ulceration of Intestine

417. THE EARS

To examine the tympanic membrane, a Gruber's speculum, a strong light, and a laryngeal mirror of, preferably, 4-in. focus, should be used, or, failing this, Brunton's Auriscope. The external ear being drawn upwards and backwards (in a child simply backwards), the speculum is gently inserted for about half an inch or so as to stop short at the bony portion of the canal. The light should be thrown slightly upwards. Wax must be softened by hydrogen peroxide and removed by syringing; hairs should be either smeared flat with lanoline or removed with the scissors.

418. Malformations

Absent Auricles

or represented by tubercles

Accessory Auricles

Atresia Meatus

Fistulous Auricles

Frostbite

Also injuries such as are received by prize-fighters.

419. Tophi

nodules on ears

Gout in system

420. Hæmatoma (Blood tumour)

It is much commoner on the left ear.

*Dementia

Epilepsy

General Paralysis

Idiocy

especially in males

Mania

Melancholia

Trauma

421. Waxy Ears

Addison's Disease

*Anæmia

Chlorosis

Frostbite, II.

Leukæmia

Myxœdema

(See *Pallor*, 385)

422. Livid Ear

Cold

Cyanosis (396)

Dyspnœa (1223)

Malformation of Heart

Nævus

423. Swollen Ear

Abscess

Blows

Erysipelas

Furunculosis

Gummata

Herpes

Inflamed Tophi

Mastoiditis

the auricle projecting down wards and outwards

SWOLLEN EAR—continued

Nævus

*Edema (x) (335)

Perichondritis, Acute

Stings

424. Gangrenous

Frostbite, III.

Raynaud's Disease

Trauma

425. Growths on Ear

Aneurysm, Cirroid

*Angioma

Chondroma

Dermoid Cysts

Epithelioma

Rodent Ulcer

Sarcoma

*Sebaceous Cyst

426. Bleeding from Meatus

v due to ruptured mem-
brane.

Caisson Disease

Erosion

into lateral sinus or internal
carotid artery

Fracture of Base of Skull
or of Glenoid Fossa

Otitis, Acute Hæmorrhagic
Polypus

*Trauma

including a blow on the
chin

Caution.—The blood may
have trickled into the ear
from a neighbouring cut.

427. Swelling in Meatus

Diphtheria

Exostosis

*Furuncle

Granulations

Hyperostosis

Mastoiditis

Otomycosis

Parotid Abscess

Perichondritis

*Polypus

428. Otorrhœa (Discharge from Meatus)

Abscess Bursting into Ear
cerebral (x), mastoid, tem-
poro-maxillary or paro-
tidean

Carcinoma

Caries or Necrosis of Tem-
poral Bone
offensive

Diphtheria of Meatus

Eczema of Meatus

Epithelioma

Foreign Body in Meatus

Fracture of Base of Skull
cerebro-spinal fluid

*Furuncle in Meatus

Granulations

Labyrinth, Injury to
Liq. Cotunnii

*Otitis media, Suppurative
fetid; often blood-stained

Otitis media, Tuberculous
thin and offensive

Pachymeningitis

Polypus

blood-stained

Sebaceous Cyst, Suppurat-
ing

Thrombosis of Lateral Sinus

OTORRHOEA—*continued*

Aseuela of Measles, Mumps,
Scarlatina, Teething, Diph-
theria or Tonsillitis—per
Eustachian Tube

* * Liquid cerumen is some-
times mistaken for pus.
Cerebro-spinal fluid does not
stiffen linen.

429. Membrane Perforated or Ruptured

A pulsating cone of light
precedes perforation and
a pulsating drop of pus
follows it.

Middle Ear Suppuration
Myringitis

Trauma

sneezing, over-inflation,
syringing, diving, etc.

Tuberculosis

multiple at first

430. Otoscope

The sound heard during
Eustachian inflation
should be normally of a
soft blowing character.

Eustachian Obstruction

distant

Otosclerosis

very loud

Retracted Drum

distant ; followed by a
click

Tympanum, Perforated

loud hissing and squeaking

431. THE HEARING

The hearing centre is in the middle of the first temporal convolution.

In testing the hearing, a uniform whisper should be employed. This is audible, normally, 25 ft. away. Patients with nerve deafness hear low-pitched sounds the best; those with obstructive or middle ear deafness, high-pitched sounds. The patient should be so placed that he cannot see the surgeon's lip movements. The ears should be plugged alternately.

432. Watch Tests.—The same watch must be used. It should be held far away at first and then gradually approached until the patient by raising his finger indicates that it has become audible. It may sometimes take the place of a tuning-fork in Weber's Test. The patient's eyes must be closed, especially in cases where simulation is suspected.

433. Deafness

Adenoids
Ankylosed Ossicles
Atrophy of Brain
Auditory Neuritis
Boil in Meatus
Chloroma
Congenital Defect
*Coryza
Diphtheria
Emotions
Enteric Fever
*Eustachian Obstruction
 drum retracted
Exanthemata
 slight
Facial Paralysis
 in children
Hæmorrhage, Intracranial
Hay Fever
Hydrocephalus
Hysteria

Labyrinth, Tumour or Cancer of
Lead-poisoning (x)
Lesion of Medulla, Pons, Superior Temporo-sphenoidal Convolution, Cerebellum or Corpora Quadrigemina
Leukæmia, III.
Locomotor Ataxy (x)
Measles
Menière's Disease, II.
Meningitis
 esp. basilar
Meningitis, Cerebro-spinal
Mental Strain
Mumps
Myxœdema
Nephritis, Chronic
*Nervousness
Otitis interna
* ,, media
Pernicious Anæmia

DEAFNESS—continued

Pharyngitis
 Polypi, Aural
 „ Nasal
 Rheumatoid Arthritis
 Ruptured Tympanum
 Shock
 Syphilis
 Typhus
 Uræmia

***Wax in Meatus**

Deafness also occurs amongst boiler - makers, divers and caisson workers, and in persons taking salicylates, quinine, bromides and, though more rarely, mercury.

434. Exalted Hearing or Hyperacusis***Convalescence from Fevers**

Epilepsy
 Gastritis, Acute
 Hydrophobia
 Hypochondriasis

***Hysteria**

Inflammation of Brain or Membranes

Migraine

Nervousness

***Neurasthenia**

Nucleo-Facial Paralysis
 stapedius muscle

Tetanus

Tumours of Brain

435. Dysacusis

An ordinary sound produces an unpleasant sensation.

Hysteria
 Nervous Irritability
 Neurasthenia

436. Paracusis Willisii

The hearing is better in noisy surroundings.

Middle Ear Catarrh
 Otosclerosis

437. Autophonia

Increased resonance of one's own voice in the head.

Middle Ear Catarrh

438. Tinnitus Aurium

Noises in the head.

Alcoholism, Chronic
 Anæmia of Brain
 Aneurysm, Cerebral
 Apoplexy (præm.)
 Arterio-sclerosis
 Aura epileptica
 Blow upon Head
 Catalepsy (præm.)
 Cervico-occipital Neuralgia
 Cholera
 Delirium Tremens
 Enteric Fever
 Exophthalmos, Pulsating
 Foreign Body
 creaking
 Fracture of Base
 Gout
 Herpes Auris
 swollen geniculate ganglion
 Hypertrophy of Heart
 Hysteria
 Indigestion (x)
 Labyrinthine Disease
 hissing, humming or roaring
 Leukæmia
 Lithæmia
 Malaria

TINNITUS AURIUM—*continued*

Mania
 Mastoid Disease
 *Menière's Disease
 Meningitis
 Middle Ear Catarrh
 bubbling
 Migraine
 Mumps
 Nephritis, Chronic
 Neurasthenia
 Obstructed Eustachian Tube
 Otitis, Suppurative
 Otosclerosis
 Plethora
 *Polypus, Nasal or Aural
 Remittent Fever
 Syphilis, Labyrinthine

Tapeworm
 Thrombosis, Cerebral
 Tumour of Brain
 Typhus

*Wax in Meatus
 creaking

It also occurs in those taking
 antipyrin, ergot, quinine,
 or salicylates.

439. Fistel-Symptom

The patient being seated,
 the nozzle of a Pollitzer
 Bag is inserted into the
 meatus. A slight com-
 pression of the bag pro-
 duces rotation of the
 head and eyeballs fol-
 lowed by nystagmus.

Labyrinthine Fistula

440. THE TUNING-FORK

Two forks should be employed, one high-pitched, a C¹, and one low pitched, C⁴. The former is best heard in obstructive deafness, the latter in nervous deafness. Bone conduction is lessened after 60 years of age, and in all cases of labyrinthine disease. The fork should be placed on the middle of the forehead.

441. Sound Increased

Obstructive Deafness

Over-tension of Membrane
or Ossicles

442 Sound Diminished or Absent

Cerebellar Abscess

Nervous Deafness

* * In cerebral abscess the
sound is heard well.

443. Positive Rinne

(normal condition)

The tuning-fork placed opposite the meatus is still audible after it has ceased to be heard while in contact with the mastoid process.

444. Negative Rinne

inaudible as above

Middle Ear Disease

445. Positive Weber

(Weber +)

A C² tuning-fork placed on the forehead is heard loudest in the deaf ear.

Obstructive Deafness

446. Negative Weber

(Weber —)

The tuning-fork placed on the forehead is heard loudest in the sound ear.

Nerve Deafness

447. Gardiner-Brown's Test

Normally, the vibrations of a tuning-fork on the mastoid process are felt by trained fingers as long as the patient hears them. If vibrations are heard after they have ceased to be felt, diagnose—

Middle Ear Disease

If felt after the patient ceases to hear them,

Internal Ear Disease

448. Pollitzer's Test

A C² fork is held before the nares during deglutition. The note is heard by the normal ear only, unless the Eustachian Tube is very patulous. Inaudible in—

Middle Ear Disease

with blocked Eustachian Tube

449. Schwabach's Test

When the C² fork, placed gently over the patient's mastoid process, ceases to be heard, it is instantly transferred to the surgeon's own mastoid and the seconds counted while it continues audible. If eight seconds, the note would be 'Schwabach - 8' and the indication would be—

Nerve Deafness.

In the reverse proceeding, the surgeon applies the fork to his own ear first, and if, on its transference, the patient hears for eight seconds longer than

he, the note would be 'Schwabach + 8' and the indication would be—

Middle Ear Deafness.**450. Gellé's Test**

Siegle's speculum is inserted in the ear and a vibrating tuning-fork placed on the mastoid. This is not heard so well when the ball is squeezed, owing to increased tension. No difference is noticed in—

Ankylosis of Stapes**Otosclerosis**

(For *Nystagmus Tests*, see 439, 491.)

THE EYES

451. THE EYELIDS

The skin of the eyelid is very thin and its subcutaneous tissue very loose; hence the ease with which it swells and blackens. The upper eyelid is raised by the levator palpebræ (3rd nerve), aided to a slight extent by the sympathetic, which supplies Müller's fibres. Both lids are closed by the orbicularis, which is supplied by the facial nerve.

452. Ecchymosed

'Black Eye'

*Blows

Endocarditis, Infective

Fracture of Base

Hæmophilia

Hooping-Cough

Infantile Scurvy

Injuries

Measles, Malignant

Purpura Hæmorrhagica

Scurvy

*Straining

Thrombosis, Cerebral

Typhus, Malignant

Variola, Malignant

Vomiting

453. Swollen Lid

Anæmia

lower lids

*Anasarca (335)

Angeioneurotic Œdema

Arsenic-poisoning

Cyst of Lid

Dacryocystitis

*Erysipelas

Frontal Sinus Distension

upper lid

Glanders

Glaucoma (x)

Hay Fever (x)

*Hooping Cough

Injuries

Iodism

Measles

Mediastinitis

Myxœdema

Retching

*Stings

*Stye

Tenonitis

Thrombosis of Cavernous Sinus

„ of Long. Sinus

Trachoma

Trichinosis

*Urticaria

Varicella (x)

Variola (x)

454. Darkened Lids

Amenorrhœa

*Anæmia

in dark persons

Chlorosis

Digestive Troubles

DARKENED LIDS—continued

Exophthalmic Goitre, 1.
pigmented

Fatigue

Hepatic Colic (severe)

Leucorrhœa

Menorrhagia

*Menstruation

Phthisis

455. Localised Swellings

Chalazion

Dacryocystitis

Epithelioma

*Stye

Tophi, Gouty

Trachoma

‘sago grain bodies’

*Warts

Xanthelasma

flat and yellow

456. Nictitation (Blinking)

*Asthenopia

Catalepsy, II.

Chorea

Epilepsy

*Exophthalmic Goitre

Hysteria

Neurasthenia

fibrillary

Paralysis Agitans

*Reflex Irritation

worms, cold, dentition, etc.

Temporal Caries

Trigeminal Neuralgia

Tumours

pressing on facial nerve

(See *Facial Twitchings*,
405)

457. Drooping (Ptosis)

If the eyebrows are not level, the occipito-frontalis muscle should be pushed down until they are; the degree of lifting power remaining is a guide to the strength of the levator muscle.

Acute Ascending Paralysis
Apoplexy (x)

Bulbar Paralysis

Cerebro-spinal Meningitis

Concussion of Brain

Conium-poisoning

Diphtheritic Paralysis

Exophthalmic Goitre

Facial Hemiatrophy

*Facial Paralysis

basal

Gelsemium, poisoning by

Gummata

Hysteria

due to contracted orbicularis

Locomotor Ataxy

Myasthenia Gravis, I.

Neurasthenia

transient

Ophthalmoplegia externa

Orbital Disease

Paralysis Agitans

*Paralysis of Third Nerve or

of Sympathetic

Ptosis Congenita

Syringomyelia

Tetanus (x)

Trachoma, Old

Trigeminal Neuralgia

Tuberculous Meningitis

Tumour of Crus

Vertigo, Paralysing,

sudden

458. Sluggish Re-opening

Thomsen's Disease

459. Lid Always Open

(Lagophthalmos)

Contraction of Scars

*Exophthalmic Goitre

Facial Paralysis

except when central

Landouzy - Déjérine Paralysis

Leprosy

Tumour of Orbit

Incomplete closure during sleep is common in prostration from any cause.

460. Crusted Edges

Chromidrosis

blue

Eczema

Intestinal Irritation

esp. from worms

Ophthalmia

Stye

Sycosis Tarsi

*Tinea Tarsi

461. Stellwag's Sign

Increase in size of palpebral fissure out of proportion to the exophthalmos.

Action of Cocaine

*Exophthalmic Goitre

Sympathetic Nerve Stimulation

462. v. Graefe's SymptomThe upper eyelid *follows* the downward movement of the eyeball instead of accompanying it. This symptom sometimes precedes the exophthalmos.

Action of Cocaine

*Exophthalmic Goitre

Sympathetic Nerve Stimulation

463. Kocher's Symptom

The surgeon places the patient's hand on a level with the eyes. On lifting it higher still, the upper lid springs up more suddenly than the eyeball.

Exophthalmic Goitre

464. THE CORNEA**465. Hazy**Glaucoma, Acute
insensitive

Keratitis

Ulceration

466. Arcus Senilis

A cloudy ring round the cornea. Of little symptomatic value.

Arterio-sclerosis

Fatty Heart

*Senility

467. Keratitis, Symptomatic

Diabetes

Exophthalmic Goitre

Meningitis

Paralysis, Trigeminal

Starvation

KERATITIS, SYMPTOMATIC —

continued

Syphilis, Congenital
interstitial keratitis

Tuberculosis

Tumour of Orbit

468. Opacities

Leucoma

opaque

Nebula

semitranslucent

Scars of Ulcers, etc.

Scleritis

469. Ulcers

Fluorescein (2 per cent. with
sodii bicarb. 3 per cent.)
stains the ulcer green.

Catarrhal

Dendritic

buds at the side of a groove

Diphtherial

Gonorrhœal

Herpetic

dug out

Lagophthalmos (459)

Marginal Ditch Ulcer

old or debilitated persons

Phlyctenular

children—multiple

Rodent Ulcer, Mooren's
much depressed

Serpiginous

a yellow crescentic edge

Simple

usually traumatic

Trachomatous

Tuberculous

Ulceration also occurs in
connection with privation
or starvation, and with
exposure due to exoph-
thalmos, or Fifth Nerve
Paralysis. A vesicle in a
case of variola or varicella
may leave an ulcer.

470. Corneal Reflex Abolished

(Winking Reflex)

Coma (64)

Diabetes

Exophthalmic Goitre

Hemiplegia

affected side

Herpes Frontalis

Hysteria

Meningitis

Paralysis, Trigeminal

It is usually *present* in cen-
tral facial paralysis.

471. THE SCLEROTIC OR WHITE OF EYE

472. Pearly

Addison's Disease

*Anæmia

Chlorosis

Nephritis

Phthisis

473. Black or Slaty

Alkaptonuria

Carbouluria

Ochronosis

474. Yellow

Alcoholism

*Jaundice (392)

Melancholia

Subconjunctival Fat

The yellowness is noticed
among workers in picric
acid.

475. Bright Blue

A very rare hereditary
condition associated with
fragilitas ossium.

476. THE CONJUNCTIVA

Used here for that portion of the mucous membrane which
covers the white of the eye.

477. Dry

Collapse

Lagophthalmos (459)

Trigeminal Anæsthesia

Typhus (prodr.)

The fungus of 'dry rot'
causes lacrymation.

478. Watery (Lacrymation)

Alcoholism, Chronic

Asthenopia

Asthma, Spasmodic

Chlorosis

Conjunctivitis, Parinaud's
palpebral nodules

*Coryza

Foreign Body

Hay Fever

Hooping-Cough, I.

*Influenza

Iodism

Irritants

Landouzy-Déjérine Para-
lysis

Measles (early)

Neuralgia, Trigeminal

479. Pallid

Anæmia, All forms of

(See 385)

The lower lid should be
everted.

480. Overflowing Tears

(Epiphora)

Tears running down one
cheek.

Abscess of Sac

Blepharitis, Marginal

Dacryocystitis

*Displacement of Punctum
from scars, etc.

Duct, Obstructed

„ Stenosis of

Exophthalmic Goitre

Facial Paralysis

Lupus

OVERFLOWING TEARS (EPI-PHORA)—*continued*

Sclerodermia
Septum, Deviate
Tumours, Orbital

481. Purulent Discharge

Abscess of Sac
Conjunctivitis—
Diphtheritic
Gonorrhœal
*Simple
Tuberculous

482. Bright Eyes

Belladonna-poisoning
*Delirium
Exophthalmic Goitre
*Flushed Face (387)
Hyperæmia of Brain
Hypertrophy of Heart
Mania
Pleurisy, Acute
Pyrexia (295)
*Typhic State (62)

483. Injected or Bloodshot

Arsenic-poisoning
*Conjunctivitis
diffused redness and tortuous vessels; pressure leaves no anæmia
Coryza
Facial Paralysis
*Foreign Body
Glaucoma, Acute
both ciliary and conjunctival vessels injected
*Hay Fever
Whooping Cough, i.
Influenza

Iodism***Iritis**

redness greatest around cornea; vessels straight; pressure leaves an anæmic spot

Irritating Gases, etc.***Measles**

Meningitis simplex
Neuralgia of Fifth Nerve
Pachymeningitis
Pannus

484. Ecchymosed

Effusion of blood under the conjunctiva. It continues red owing to aëration through the thin membrane.

***Blows**

Epilepsy
Fracture of Base

***Whooping Cough**

*Straining or Vomiting
Thrombosis of Cavernous Sinus
Ulcerative Endocarditis

485. 'Sloppy'

Myxœdema
Nephritis, Chronic

486. Chemosis

(Edema surrounding the cornea.

Conjunctivitis (x)
Gonorrhœal Ophthalmia
Ophthalmia neonatorum (x)
Sphenoidal Sinusitis
Thrombosis, Cavernous

487. THE EYEBALLS

The eyeballs are moved by the recti and oblique muscles. During sleep they are rolled upwards and outwards, and the same is the case in that fruitless endeavour to close the eyes in facial paralysis which is known as Bell's Phenomenon.

488. Fixed Eyeballs

Cavernous Thrombosis

Epilepsy, I.

*Exophthalmic Goitre

Korsakoff's Syndrome

as regards upward or downward motion

Locomotor Ataxy

Ophthalmoplegia Externa

Petit Mal

Symblepharon

Tenonitis

489. Nystagmus

(Oscillating Eyeballs)

The patient should be told to look quickly first to one side then to the other, next up and then down. In cerebellar disease, the nystagmus is more marked when the eyeball is directed to the *affected* side; in labyrinthine, the *opposite* side. Unilateral nystagmus is usually vertical.

Abscess, Cerebellar

rotary

Albinism

Amaurosis

Astigmatism

Ataxic Paraplegia

Bulbar Paralysis

Cerebral Hæmorrhage

Cerebro-spinal Meningitis

Chorea

Choroidal Disease

Congenital Cataract

Convulsions

*Disseminated Sclerosis

12 per cent.

Friedreich's Disease

conjugate

Hereditary Cerebellar Ataxia

Hydrocephalus, Chronic

Hysteria

Idiocy

Insanity

Labyrinthine Suppuration

rotary

Locomotor Ataxy (x)

Meningitis, Basal

Microphthalmos

*Miner's Nystagmus

Multiple Neuritis

Myasthenia Gravis

*Neurasthenia

Optic Atrophy (x)

Opacities of Cornea

Paralysis of Eye Muscle

of lateral rectus, lateral; of
sup. or inf. rectus, vertical;
of oblique muscle, rotary

Post-epilepsy

Primary Spastic Paralysis

Progressive Muscular Atrophy

Retinal and Choroidal Affections

NYSTAGMUS—*continued*

Spasmus Nutans
often monocular

Syringomyelia

Thrombosis of Lateral or
Cavernous Sinus

Tumours of Cerebellum, Crus
or Pons

Nystagmus is lateral in 50 per cent. of cases; vertical in 12; rotary in 15; circumductory, in 2; and mixed in 4 per cent. Nystagmus can be produced artificially by subcutaneous injections of lysol, cresol or chinosol, and by rapid rotation on a revolving chair. 'Cheyne's Nystagmus' is graduated like Cheyne-Stokes' breathing, while in 'Metronome Nystagmus' the lateral movement is much smaller in the upper portion of the globe than in the lower.

490. Bard's Sign

When the patient follows the physician's finger from right to left and back again, the oscillations *increase* in organic nystagmus and *disappear* in the congenital form.

491. Barany's Test

Water of temperature 65° to 86° F. is syringed into each ear separately, in slow continuous stream. Nystagmus should appear within 20 to 40 seconds. A positive result proves the integrity of the vestibular nerve.

492. Protruding (Exophthalmos or Proptosis)

Myopic eyes are usually prominent.

Aneurysm of Orbit

Antral Distension

Apoplexy

Arthritis, Rheumatoid
in children

Asthma, Spasmodic

Carcinoma

Chloroma

Cocaine

Convulsions

Cysts of Orbit

Delirium Tremens

Distension of Frontal Sinus

Dyspnoea (1223)

Encephalocele

Encephaloid Cancer

Epilepsy

Ethmoid Cells, Dilated

*Exophthalmic Goitre

absent in 25 per cent.

Exophthalmos, Intermittent
esp. on stooping

Exostosis of Orbit

Fracture of Orbital Plate

Glaucoma, Acute (x)

Glioma

Gumma of Orbit

Hydatids of Orbit

Hydrocephalus

Hypertrophy of Heart

Infantile Scurvy

Intranasal Growth

Lacrymal Gland, Enlarged

Leontiasis Ossea

Lymphadenoma

Lymphatic Leukæmia

Meningocele

PROTRUDING—*continued*

Myopia, III.
 Nephritis, Chronic
 Ophthalmoplegia
 Orbit, Tuberculous
 Orbital Cellulitis
 „ Periorbitis
 Paralysis of Third Nerve
 Pulsating Exophthalmos
 from blows, etc.
 Retrobulbar Hæmorrhage
 Scurvy (x)
 Sphenoidal Sinusitis
 Stimulation of Sympathetic
 Tenonitis
 Thrombosis of Cavernous
 Sinus
 „ of Superior
 Longitudinal Sinus
 Thymus, Enlarged
 Tumour of Antrum
 „ of Optic Nerve
 „ of Orbit
 Varix of Orbit
 only on stooping or on
 pressing upon internal
 jugular vein
 Vomiting, Persistent

493. Sunken Eyes

(Enophthalmos)

Atrophy of Eyeball
 Cancerous Cachexia
 *Cholera
 Collapse (235)
 *Diabetes
 *Diarrhœa
 Dysentery
 Enteric Fever
 Facial Hemiatrophy
 one only
 Hæmorrhage

Malformation, Congenital
 Orbital Scars

Paralysis of Sympathetic

*Phthisis

*Wasting Diseases (311)

494. Enlarged Orbit

Real or apparent.

*Abscess

Aneurysm

*Cancer

Exostosis

Glioma

Hydatids

Lacrymal Gland, Enlarged

Leontiasis Ossea

495. Strabismus (Squint)

Squint is of two kinds :
 when spasmodic, the
 affected eye follows the
 sound eye in its move-
 ments ('concomitant'),
 and is always evident ;
 when paralytic, the
 squint may only be
 evident when the patient
 tries to look in the
 direction of the paralysed
 muscle. In this form
 the affected eye does not
 follow the movements
 of the other, and dip-
 lopia is usually present.
 Convergent squint is
 generally associated with
 hypermetropia ; diver-
 gent, with myopia.

Acute Ascending Paralysis

Diphtheritic Paralysis

Facial Hemiatrophy

„ Paralysis
 (basal)

Flatulence (Infants)

Gout (x)

Hæmorrhage, Cerebral

STRABISMUS (SQUINT) — continued

*Hooping Cough

Hydrocephalus

Hypermetropia

Hysteria

never divergent

Lesion of Pons

double convergent

Locomotor Ataxy

Meningitis

Migraine Ophthalmologique

Ophthalmoplegia externa

*Paralysis of Third Nerve
(1308)

external

*Paralysis of Sixth Nerve
(1311)

internal

Spasm of Muscles

Syphilitic Deposits

Syringomyelia (x)

Trigeminal Neuralgia (x)

*Tuberculous Meningitis

Tumour of Brain

Tumour of Cerebellum

usually convergent, but
sometimes showing 'skew
deviation,' *i.e.* one up and
one down**496. Conjugate Deviation**Both eyes persistently
turned in one direction—
towards the lesion side if
paralytic; towards the
opposite side if irritative.
In lesions of the pons,
however, the reverse is the
case.**497. Ophthalmoplegia**Due to simultaneous pres-
sure upon the third,
fourth, and fifth nerves,
or to nuclear disease.

Bulbar Paralysis

Encephalitis

Meningitis, Basic

Neurasthenia

transient

Neuritis, Alcoholic

,, Diphtheritic

,, Lead

,, Rheumatic

Syphilis

498. Moebius' SignInsufficient convergence to
accommodation.

Exophthalmic Goitre

499. Dixon Mann's SignOne eye appears to be on a
lower level than the other.

Exophthalmic Goitre

Tachycardia

** Exclude malformations,
facial hemiatrophy, etc.**500. Oculo-Cardiac Reflex**The eyeballs are compressed
for from 30 to 90 seconds.
Normally the pulse should
be slowed by from 6 to 8
beats per minute.*Absent in:*

Locomotor Ataxy

Excessive in:

Bradycardia, Nervous

Gastric Neuroses

it sometimes causes vomit-
ing

Goitre, Exophthalmic

Rheumatism, Articular

Syphilis

Tuberculosis

The reflex is normal in
myocardial bradycardia.

501. THE PUPILS

The iris regulates the amount of light admitted, shuts off the side rays, and, during accommodation, supports the action of the ciliary muscle. The dilating or radiating fibres are supplied by the cervical sympathetic, the contracting or circular by the third nerve. When the pupils are unequal ('anisocoria'), the less mobile is usually the abnormal one. In adults the pupil should be 4 mm. in diameter; in old age it is smaller.

PUPILS DILATED
(MYDRIASIS)

502. One Dilated

Aneurysm of Aorta
 „ of Innominate
 Cataract
 Choroid Disease
 General Paralysis
 *Glaucoma
 Lens, Dislocation of
 *Paralysis of Third Nerve
 Pleural Effusion
 same side
 Sympathetic, Stimulation of
 Tuberculous Meningitis
 Tumour of Brain
 „ of Neck

503. Both Dilated

Acute Yellow Atrophy
 Alcoholic Coma
 Amaurosis
 *Anæmia
 „ of Brain, II.
 Aortic Regurgitation
 Apoplexy (profound)
 Asphyxia
 Catalepsy
 Concussion of Brain
 Dementia, Acute Primary

Diabetic Coma
 Diphtheritic Paralysis
 Dyspnœa
 Emotion, Strong
 esp. fear
 Epilepsy, II.
 Glaucoma
 fixed and greenish
 Hydrocephalus
 Hysteria
 Melancholia
 Meningitis, Simplex, II.
 „ Tuberculous, II.
 Myelitis, Acute
 cervical portion
 Myopia
 Nausea
 Neurasthenia
 Nitrous Oxide
 Pain, Acute
 Ptomainism
 Stupor
 Sunstroke, II.
 Syncope
 Thrombosis, Cerebral
 Trance
 Action of—
 Aconite, II.
 Adrenin
 Alcohol
 *Belladonna

BOTH DILATED—continued

Action of—

Chloroform

Chloral

Cocaine

Conium

Cyanides

Duboisine

Hyoscyamus

Pituitrin

Stramonium

Tobacco

PUPILS CONTRACTED

(MYOSIS)

504. One Contracted

Amaurosis of Spinal Origin

Aneurysm of Aorta (x)

Cerebral Hæmorrhage

Fracture of Base

***General Paralysis**

Iritis

Klumpke's Paralysis

Lesion of Cord

Eighth cervical and first dorsal segments.

Locomotor Ataxy (x)

Migraine

Paralysis of Sympathetic

Sclerotitis

Syringomyelia

Tumour of Neck

505. Both Contracted

Anæmia of Brain, I.

Apoplexy

Caries, Cervical

Cerebral Hyperæmia

*** „ Irritation**

Compression of Brain, I.

Concussion of Brain, III.

Delirium Tremens

Hæmatoma of Dura Mater

Hæmorrhage into Pons,
Cerebellum, or Ventricle

Hypermetropia

Iritis

adhesions

Locomotor Ataxy

Mania

Meningitis, I.

„ Cerebro-spinal

Mitral Stenosis

***Morphinism**

Photophobia (561)

Retinitis

Sleep, Healthy

Sunstroke, I.

Tuberculous Meningitis, I.

Typhus

Uræmia

immobile

Action of—

Aconite, I.

Opium

Physostigma

506. Margin Irregular

Adhesions

General Paralysis, I.

oval (Berger's Sign)

Glaucoma, Acute

oval

***Iritis, Rheumatic**

„ Syphilitic

Lens, Dislocated

Locomotor Ataxy

oval

Pupillary Membrane, Per-
sistent

MARGIN IRREGULAR — *cont.*

Synechia, Anterior

Third Nerve Paralysis (x)

Trauma

notched and dilated from
rupture of pupillary edge

507. Iridodonesis

(Iris Tremulous)

Dislocation of Lens
partial or complete

Liquefaction of Vitreous

508. PUPIL REFLEXES

In examining the pupils for a reflex, care must be taken that the effects of light and accommodation do not clash. Thus the lamp should be held about a yard away for the light reflex and the eyes must be turned away from the light for the accommodation reflex.

There are four normal pupil-reflexes: two contracting—namely, light and accommodation; and two dilating—sensory and psychic. The pupil centre is in the corpora quadrigemina.

509. Sluggish to Light

The light reflex is ascertained by covering the eyes with the hand, a bright light being in front; then suddenly removing one hand at a time and noting the rapidity with which the pupil contracts. While one eye is under examination, the other must be covered (see 510).

Aneurysm

Apoplexy

Asphyxia

Atrophy of Brain

Cataract

Cerebral Tumour

Coma (64)

Compression of Brain

Epilepsy, II.

Hydrocephalus

„ Spurious

Hysteria (x)

*Meningitis, II.

Ophthalmoplegia interna

Optic Atrophy (539)

„ Neuritis (538)

*Paralysis of Third Nerve

Phthisis (x)

Pleurisy

Retinitis, II.

Syringomyelia

Tumour, Intrathoracic

„ of Brain

510. Consensual Reflex

Light directed to one eye
should cause some con-
traction of the opposite
pupil.

Absent in—

Lesions of Optic nerve,
chiasma or tract.

Care must be taken to
shade the other eye.

511. Gower's Sign

Intermittent and abrupt,
but not rhythmical, oscil-
lation of the iris under
the influence of light.

Locomotor Ataxy

very early

512. Hippus

Rhythmical oscillation of
the pupil on exposure to
light independently of
respiration.

Alcoholism**Chorea****Disseminated Sclerosis****Epilepsy****General Paralysis*****Hysteria****Leptomeningitis****Meningitis****Neurasthenia****Rheumatism, Acute****Scotoma****Spasmus Nutans**

Respiratory oscillation is
well seen in Cheyne-
Stokes' breathing.

513. Sanger's Pupil Reaction

The light reflex returns after
a short stay in the dark.
Present in Cerebral Syph-
ilis.

**** Absent in Locomotor Ataxy.**

**514. Hemipic Pupillary Re-
action (Wernicke's Sign)**

If the pupil reacts when the
light falls upon the blind
half of the retina, the
lesion is posterior to the
corpora geniculata. If it
does *not* react, the lesion
is anterior to these bodies.

Hemiopia (547)**515. Paralysis of Accomoda-
tion (Accommodation or
Convergence Reflex)**

This is ascertained by direct-
ing the patient to look
first at a distant object
and then at the surgeon's
finger, which is held six
inches away. The result
should be contraction and
convergence. The accom-
modation muscles are all
supplied by the third
nerve.

***Atropine**

Blow on Eyeball

Diabetes

Diphtheritic Paralysis

Exposure to Cold

Influenza

Neuritis

Paralysis of Third Nerve

ciliary muscle

Syphilis*516. Argyll-Robertson Pupil**

The pupils react to accom-
modation but not to light.
It is suspicious of old
syphilis.

Ataxic Paraplegia

Choroiditis

Diabetic Sclerosis

***General Paralysis of Insane**

Hemiplegia (x)

Hereditary Cerebellar Ataxy

Hydrocephalus

Lead-poisoning

***Locomotor Ataxy**

Ophthalmoplegia, Nuclear

Progressive Muscular Atro-

phy

Senile Brain Atrophy

ARGYLL-ROBERTSON PUPIL—

continued

Syphilitic-Meningitis

****** Argyll-Robertson Pupil is present temporarily in the acute infections.

517. Reversed Argyll-Robertson

The pupil reacts to light, but not to accommodation (Rare).

Basal Meningitis

Myelitis

Syphilis

Tumour of c. quadrigemina

518. Bechterew's Paradoxical Pupil Reflex

The pupil *dilates* to light (Rare).

General Paralysis

Locomotor Ataxy

519. Westphal's Pupil Phenomenon

The examiner holds the lid forcibly *open* while the patient tries to close the eye. The pupils then contract.

General Paralysis

Hysteria (x)

Locomotor Ataxy

520. Piltz' Sign

When the lids fail to close the eyes, the pupils contract.

Epilepsy

25 per cent.

General Paralysis

Locomotor Ataxy

521. Gifford's Pupil Reflex

On trying to *close* the lids against the will of the patient the pupils contract.

General Paralysis

Locomotor Ataxy

Partial Blindness

when due to retinal or optic nerve lesions

522. Cilio-Spinal Reflex

Pinching the skin of the cheek or neck causes dilatation of the pupil.

Absent in—

Adhesions

Cervical Cord Lesion

„ Sympathetic Lesion

General Paralysis

Glaucoma

Locomotor Ataxy

523. Bumke's Psychic Pupil

Dilatation in response to psychical stimuli.

Absent in—

Cervical Sympathetic, Paralysis of

Dementia Præcox

524. Loewi's Symptom

Adrenalin causes marked dilatation of the pupils within an hour. The solution instilled is adrenalin chloride 1 in 1000.

Exophthalmic Goitre (x)

Pancreatic Diabetes

Pancreatitis

525. THE TENSION

The surgeon presses on the eyeball through the upper lid, the patient looking down.

Degrees are expressed by + or — 1, 2, or 3.

526. Increased (T +)

Glaucoma

Lens, Dislocated

Scleritis, II.

527. Diminished (T —)

Cervical Sympathetic Paralysis

Detached Retina

Loss of Vitreous Humour

* * * In diabetic coma the eyeball is non-elastic and oedematous.

528. THE OPHTHALMOSCOPE.

To examine the fundus oculi with the ophthalmoscope, the pupil should if possible be previously dilated with a few drops of homatropine solution ; the patient being seated in a darkened room, and a bright light, provided with a lens, placed on his left side, on a level with, and a little behind, his eyes. The observer sits facing him on a somewhat higher chair, about two inches only separating his eye from that of the patient. Then having fitted the ophthalmoscope with an appropriate lens, he looks through the hole, holding the mirror at such an angle as to throw a beam of light upon the patient's eye. This is the direct method. In the indirect examination a space of 18 to 20 inches should intervene between the two heads. The observer holds a lens of one- or two-inch focus in front of the patient's eye with the finger and thumb of the disengaged hand, and steadies it by resting the remaining fingers on his forehead. To see the optic disc the patient is told to fix his gaze upon the tip of the surgeon's more distant ear, and the observer by means of a slight circumductory motion of the lens is able to inspect the entire fundus. The yellow spot is best seen by directing the patient to look through the hole in the mirror ; assistance may be obtained from most sitters by telling them to turn their gaze in specified directions. At the conclusion of the examination a drop of a 1 per cent. solution of eserine should be instilled, otherwise the patient will be half blind for the rest of the day. Sometimes cocaine solution will suffice for dilatation ; its action passes off much more quickly than that of atropine. I have recently availed myself of the cilio-spinal reflex (522) to dilate the pupil for retinal examination, and with considerable success. I have not heard of this having been done before.

529. Reflected Redness

Absent in—

Cataract

Leucoma

Opacity of Vitreous

530. Retinal Hæmorrhages

When fresh, they are
bright red ; later they
become yellowish or pig-

mented, and they may
finally disappear without
leaving a trace.

When arising from venous
engorgement or blood
changes, there may be no
rupture of the vessel
(diapedesis).

Ague

Amyloid Kidney (x)

Anæmia (x)

RETINAL HÆMORRHAGES —

continued

Arterio-sclerosis

preceded by thickening of
the arteries and narrow-
ing of the veins

Cerebral Hæmorrhage (x)

*Cirrhosis of Kidney

Contusion of Eyeball

Diabetes

Embolism

Endocarditis, Ulcerative

Gout

Hæmophilia

Heart Disease

Hypertrophy of Heart

Leukæmia

Malarial Fevers

Menopause

Menses, Suppressed

Nephritis, Chronic (x)

Optic Neuritis (538)

striæ on disc

Pernicious Anæmia

flame-shaped

Purpura

Pyæmia

Scurvy

Syphilis

Thrombosis

Wound into Vitreous

Violent coughing or vomit-
ing will sometimes cause
hæmorrhage.

531. Arterial Pulsation

Aortic Regurgitation

Exophthalmic Goitre

Hyperæmia of Brain

Hypertrophy of Heart

**532. Black Spots or Patches
on Retina**

Choro-Retinitis

Disseminated Choroiditis

Retinitis Pigmentosa

like bone corpuscles

Rupture of Choroid

at margins of a white streak

Thrombosis of Vena Cen-
tralis

vessels white and radiating

533. White Spots or Patches

Albuminuric Retinitis

star-shaped—near macula

Coloboma of Choroid

a single large patch below
the disc

Detachment of Retina

large tremulous patch

Diabetes (x)

Disseminated Choroiditis

Opaque Nerve Fibres

Rupture of Choroid

a large white crescent

Syphilitic Retinitis

Tubercle of Choroid

534. Dilated Veins

Albuminuric Retinitis

Glaucoma

Optic Neuritis

tortuous

Purpura Hæmorrhagica

535. Contracted Arteries

Albuminuric Retinitis

Embolism of Arteria Centralis

a pale area around disc and
a cherry red spot near
macula

Optic Atrophy, III.

,, Neuritis

536. 'Silver Wire Arteries'

due to degeneration of walls

Arterio-sclerosis

Granular Kidney

537. Shadow Sign

On tilting the concave mirror laterally, the shadow moves in the *same* direction as the mirror in myopia; but in the *opposite* direction in emmetropia and hypermetropia. It moves differently in different meridians when astigmatism is present.

538. Optic Neuritis

Veins tortuous; periphery of disc blurred. In unilateral lesions the disc is most swollen on the affected side.

Vision not necessarily affected. The advanced form is termed 'Choked Disc.'

Abscess of Brain or Cerebellum

Amenorrhœa (x)

Anæmias, Severe

Aneurysm in Brain

Caisson Disease

Caries of Sphenoid

Cerebro-spinal Meningitis

Chlorosis

Cirrhosis of Kidney

Diphtheria

Effusion at Base

Exhaustion

Facial Paralysis

basal

Hereditary Cerebellar Ataxy

Hydrocephalus

Lead-poisoning

Leukæmia

Meningitis, Syphilitic

,, Traumatic

*Meningitis, Tuberculous

50 per cent.

Myelitis, Acute (x)

of cervical portion of cord

Node, Intracranial

Pachymeningitis

Prolonged Lactation

Syphilis

Tumours of Brain

,, of Cerebellum

The symptom is often
absent in tumours of
pons, medulla or corpus
callosum.

539. Optic Atrophy

Alcoholism, Chronic

Choroiditis, Chronic

*Diabetes

Disseminated Sclerosis

Friedreich's Disease (x)

General Paralysis, II.

Glaucoma

Hereditary Cerebellar Ataxy

Hydrocephalus

Intra-ocular Hæmorrhage, II.

OPTIC ATROPHY—*continued*

Lead-poisoning

Locomotor Ataxy

10 per cent. (disc mottled)

Meningitis (x)

Retinitis Pigmentosa

Tobacco Amaurosis (x)

***Tumour of Brain**

Organic arsenical compounds are liable to induce it.

540. Cupped Disc

Atrophy of Optic Nerve

***Glaucoma**

Slight cupping is physiological.

541. Disc Blurred

Albuminuric Retinitis

Optic Atrophy (539)

Optic Neuritis (538)

and enlarged

Syphilitic Retinitis

542. Tubercles on Choroid

Acute Miliary Tuberculosis

Tuberculous Meningitis

543. Exudative Choroiditis

Cerebro-spinal Meningitis

Syphilis

544. THE VISION

The sight centre is in the lingual and fusiform lobes and the cuneus. Normal vision is termed Emmetropia. In Myopia, or short sight, the eyeball is elongated so that the rays are focussed in front of the retina. In Hypermetropia the eyeball is too short and the rays are focussed behind the retina. In Presbyopia, which begins between 38 and 45, the lens is denser and the ciliaris weaker.

In using Test Types for estimating vision, V = Visual Acuity; D = the normal distance at which a given sized type should be legible; d = the distance of the eye from the type. In graphic representation d is the numerator. Thus normal vision for type readable at 6 metres is $V = \frac{d}{D}$ or $\frac{6}{6}$; but if at that distance the patient can only read the 18-metre type, the formula would be $V = \frac{6}{18}$.

545. Diplopia (Double vision)

To determine to which eye each picture belongs, a spectacle frame with a red and a blue glass should be employed. If the left picture belongs to the right eye the diplopia is termed 'crossed,' if to the left eye, homonymous.

Crossed diplopia is associated with divergent squint; homonymous with convergent.

Alcoholism

Asthenopia, Muscular

Diphtheritic Paralysis

Disseminated Sclerosis

Friedreich's Disease

Locomotor Ataxy

Myasthenia Gravis

Ophthalmoplegia externa

✓ Orbital Abscess, Growth, or
Hæmorrhage

Paralysis of:

External Rectus

false image outside
true one; diplopia
on looking outwards

Internal Rectus

two objects level; false
inside true.

Paralysis of:

Superior Rectus

false above true

Inferior Rectus

false below true

Superior Oblique

false image below,
and to outer side,
diplopia only
present when the
patient looks down

Inferior Oblique

diplopia on looking up,
false image above
and to outer side.

Tumour of Brain

Also in poisoning by bella-
donna, conium, and gel-
semium.

546. Diplopia, Monocular

The object appears double
even when one eye is
shut.

Astigmatism

Cataract, Incipient
or polyopia

Dislocation of Lens

Tumour of Brain

547. Hemioropia

The lesion is in the posterior portion of the internal capsule on the side opposite to that of the blind half.

If both right or both left halves are affected, it is termed homonymous; if both inner or both outer halves, heteronymous. The term 'Altitudinal' is applied when, as rarely happens, the upper or the lower half of the visual field is involved.

Abscess, Cerebral

Acromegaly

Aura epileptica

Gout (x)

Gumma

Hysteria

Lithæmia

Migraine (x)

Neurasthenia

Rupture or Occlusion of Posterior Cerebral Artery

Tumour of Posterior part of Internal Capsule, Optic Chiasma, Optic Tract, Occipital Lobe or Pituitary Body.

Hemioropia is often associated with visual aphasia.

(See *Wernicke's Sign*, 514)

548. Contraction of Visual Field

The patient will often say that his sight is like 'looking through a tube.'

The visual field should be estimated by the perimeter, but a 2½-inch ring held at different distances answers fairly well, the patient being required to

say whether he sees anything outside it or not. The ring can be formed with the fingers.

Ataxia, Cerebellar

Choroiditis, Exudative

Choro-retinitis Pigmentosa

Detached Retina

Disseminated Sclerosis

Embolism of Cerebral Artery

Foreign Body in Cornea, Lens, or Vitreous

Glaucoma

Hæmorrhage into Retina

*Hysteria

Injuries to Eyeball

Nyctalopia

*Opacities in Cornea, Lens, or

Optic Atrophy [Vitreous

Raynaud's Disease

Retinitis Pigmentosa

Rheumatoid Arthritis

Scotoma

Syringomyelia

* * * The colour field is sometimes contracted, especially in hysteria.

549. Chromatopsia or Colour Blindness

Red Blindness and Blue Blindness are the commonest forms.

Congenital Defect

Hysteria

Kidney, Cirrhosis of blue

Neurasthenia

Optic Atrophy

„ Neuritis

Tobacco Amaurosis

Hemichromatopsia sometimes occurs.

550. Central Scotoma

If the central patch of blindness is unilateral, it is due to disease of the choroid or retina near the macula.

Alcoholism

Hæmorrhage, Macular

*Tobacco Amaurosis

551. Nyctalopia or Day-blindness)

The names here given for night- and day-blindness are sometimes incorrectly reversed.

Albinism

Snow-blindness

Tobacco Amaurosis

552. Hemeralopia (Night-blindness)

Ague

Choroido-retinitis

Keratomalacia

Nephritis

Retinitis Pigmentosa

Scurvy

553. Muscæ Volitantes (Black specks)

The patient should be made to look at a white surface. The motion is upward when the cause is in the vitreous.

Anæmia of Brain

Cholera

Cataract (præm.)

Duodenal Catarrh

Hæmorrhage

Hyperæmia of Brain

Hypertrophy of Heart

Hysteria

*Liver Disorders

Opacities of Vitreous

Tumour of Brain

554. Rainbow Edges to Objects

The phenomenon is due not to tension, but to disturbance of the corneal epithelium.

Congestive conditions (x)

Conjunctivitis

with thin layer of mucus

*Glaucoma

555. Green Vision

Cinchonism (x)

556. Cyanopia or Blue Vision

Alcoholism

Cataract

following upon operation

557. Erythropia or Red Vision

Cataract

following operation

Retinal Hæmorrhage

Snow-blindness

Vitreous Hæmorrhage

558. Xanthopia (Yellow Vision)

Jaundice

Santonin, amyl nitrite, cannabis indica, picric acid or quinine may cause it.

559. Sparks or Flashes

Apoplexy (præm.)

Aura epileptica

Delirium Tremens

Epilepsy

SPARKS OR FLASHES — *continued*

Hyperæmia of Brain

Hypochondriasis

Hysteria

Insanity

Meningitis

*Migraine

‘wavy glimmer’ or ‘fortification figures’

Neurasthenia

Thrombosis, Cerebral

Tumour, Cerebral

esp. of occipital lobe

560. Garel's Sign

Luminous perception on the sound side only, when an electric torch is placed in the buccal cavity (see 602).

Empyema of Antrum

561. Photophobia (Intolerance of Light)

Anæmia of Brain

Arsenic-poisoning

Cerebro-spinal Meningitis

Choroiditis

Cinchonism

*Conjunctivitis

Cyclitis

Encephalitis

Gastritis, Acute (x)

Hooping Cough, I.

Hyperæmia of Brain

Hypertrophy of Brain

Hysteria

*Iritis

Keratitis

*Measles, I., and præm.

Meningitis, I.

*Migraine

Neuralgia, Trigeminal

Neurasthenia (x)

*Retinitis

Snow-blindness

Trichinosis

Typhus (præm.)

Ulcer or Vesicle of Cornea

562. Amblyopia

Feeble sight without change in the fundus.

Acromegaly

Alcoholism (x)

Atrophy of Brain

Bromism

Cinchonism (x)

Diphtheritic Paralysis

Hæmorrhage

Hereditary Cerebellar Ataxy

Hydrocephalus

Leontiasis Ossea

Locomotor Ataxy

Mercurialism

Migraine

Neurasthenia

Salicisism

Syringomyelia (x)

Tumour of Brain

Tobacco or even tea, in excess, will produce a transient form.

563. Crossed Amblyopia

The lesion is in the opposite half of the brain.

Hæmorrhage, Cerebral

Hemianæsthesia, Hysterical

564. Macropia and Micropia

The object appears larger
or smaller than it really is.

Delirium, Infantile

Epilepsy

Fatigue of Retina

Haschish Poisoning

**565. Amaurosis or Blindness
from extra-ocular causes**

Alcoholism

Amaurotic Family Idiocy

Amenorrhœa

Anæmia of Brain

transient

Cerebellar Disease

Cerebral Hæmorrhage (x)

Cerebro-spinal Meningitis

Chloroma

Cinchonism

Cirrhosis of Kidney (x)

Embolism of Brain

Epilepsy

Hydrocephalus

Hysteria

Lead-poisoning

Lightning stroke

Locomotor Ataxy

Meningitis

Migraine

transitory

Softening of Brain

Suppression of Menses

Syphilis

Tobacco, Abuse of

Tumour of Brain

Uræmia

Temporary amaurosis may
be caused by quinine and
salicine.

566. THE NOSE

The anterior nares are examined with a warmed speculum illuminated by a forehead- or electric torch, the tip of the nose being raised and the head tilted back. The superior turbinated bone is almost invisible. The middle meatus is the usual seat of polypus and of pus from antrum, frontal sinus, or diseased ethmoid; while the inferior meatus commonly gives lodgment to foreign bodies. The posterior nares are examined with the laryngoscope, the smallest mirror being employed upside down.

567. Red

Acne Rosacea

*Alcoholism

*Amenorrhœa

Boil

*Dyspepsia

Erysipelas

Rhinitis, Chr. Hypertrophic

Rhinophyma

(See *Erythema*, 344)

The pressure of a pince-nez is responsible for some cases and insufficient clothing for others.

568. Butterfly Nose

A red patch on each side of the bridge

Lupus Erythematosus

569. Nose Swollen

Cellulitis

Erysipelas

Injury

Myxœdema

Rhinophyma

Stings

570. Nose Broadened

Cretinism

Mongolian Imbecility

Myxœdema

Tumours

Variola

571. Potato Nose

Rhinophyma

572. Saddle Nose

Chronic Atrophic Rhinitis

Injuries

*Syphilis

573. Bridgeless or Pug

Achondroplasia

Adenoids

*Hereditary Syphilis

Imperfect Development

Injuries

574. Gangrenous Tip of Nose

Frost-bite

Lupus

Raynaud's Disease

Syphilis

**575. Distension of Transverse
Nasal Vein**

Adenoids (Scanes-Spicer)

576. Sneezing

Adenoids

Asthma

Chronic Hypertrophic Rhi-
nitis

*Coryza

Ear, Irritation in

Gout

*Hay Fever

Hooping Cough

Hysteria

Iodism

Irritants

Dried Mucus

Euphorbium

Ipecacuanha

Snuff

Veratrum album

*Measles (invasion)

Polypus

Spur of Septum

It may be produced reflexly
by bright light.

577. THE NOSTRILS

578. Collapsed Nostrils

Adenoids

Nasal Obstruction (580)

579. Dilating with Respiration

This occurs chiefly in children.

*Broncho-pneumonia

Collapse

Diphtheritic Laryngitis

*Dyspnœa, Acute

Emphysema

Hay Fever

Perforation of Palate

*Pleurisy

Pneumonia, Acute

Post-pharyngeal Abscess

Spasmodic Asthma

Tetanus neonatorum

* * Mobile nostrils are also
found in neurotic subjects.

580. Obstructed Nostrils

The examination of a child is
best made with the patient
lying on his back and, pre-
ferably, while asleep; the
nostrils being compressed
alternately.

Abscess of Septum

Adenoids

Antrum, Distended

*Coryza, I.

Cyst, Middle Turbinated

Deviation of Septum

Diphtheria

Eczema Crusts

Exostosis

*Foreign Body

Glanders

Gummata

u on septum

Hæmatoma of Septum

Hay Fever

Hypertrophic Rhinitis,
Chronic

Malignant Disease

Membranous Rhinitis

Osteoma

Pharynx, Growth in

*Polypus

Post-pharyngeal Abscess

Rhinolith

Rhinoscleroma

Sinusitis

*Spur of Septum

Syphilis

with snuffles

Tubercle

*Turbinated Bone, Enlarged

Typhus (prodromal)

Variola (prodromal)

581. Large Nostrils

Atrophic Rhinitis

RHINORRHOEA

582. Watery or Mucous

Arsenic-poisoning

Bronchitis, *i.****Coryza**

Foreign Body

Fracture of Base

cerebro-spinal fluid; this
does not stiffen linen***Hay Fever*****Hooping Cough**

invasion

Influenza

Iodism

Irritants

Lacrymation

***Measles**

Refractive Errors

Rhinolith

Spasmodic Asthma

alternating with the par-
oxysms

Trigeminal Neuralgia

Typhus, *i.*

Worms

The condition may also be
due to local irritants, such
as ammonia, pepper,
sulphurous acid, etc.See next section (later
stage)**583. Purulent Discharge or
Ozæna**Atrophic Rhinitis, *Chr.*
very offensive

Cancer

Caries of Ethmoid, etc.

Diphtheria, Nasal

Empyema of Antrum

offensive—unilateral

Empyema of Frontal Sinus**Foreign Body**

Glanders

Gonorrhœa

Hypertrophic Rhinitis, *Chr.*
offensive

Lupus

Membranous Rhinitis

Necrosis

Rhinolith

Sarcoma

Scarlatina

sequela

***Syphilis, Tertiary**

offensive

Syphilis, Hereditary

snuffles

Tuberculous Rhinitis

Ulceration

584. Blue Discharge

Bacillus pyocyaneus in Sinus

**585. Nasal Regurgitation of
Food**

Bulbar Paralysis

Cleft Palate

***Diphtheritic Paralysis**

Myasthenia Gravis

Perforation of Palate

malignant, syphilitic, tuber-
culous or traumatic

Post-operative Paralysis

***Post-pharyngeal Abscess**

Pseudo-Bulbar Paralysis

586. Epistaxis or Bleeding

Adenoids
 Ague
 Alcoholism
 Amenorrhœa
 Anæmia
 Angeioma
 Aortic Insufficiency
 Arsenicism
 *Arterio-sclerosis
 *Blows
 Bronchial Glands, Enlarged
 Bronchitis
 Caisson Disease
 Carcinoma of Nose
 Caries, Nasal
 Catarrh, Chronic Nasal
 Cerebral Congestion
 Chloroma
 Chlorosis
 *Cirrhosis of Kidney
 „ of Liver
 Dengue
 Diphtheria
 Dysentery
 Emphysema
 *Enteric Fever
 Erysipelas
 Fibroma of Nose
 Foreign Body
 Fracture of Base
 Goître
 Hæmophilia
 Hooping Cough
 Hyperæmia of Brain
 Hypertrophy of Heart
 Infantile Scurvy
 Influenza
 Jaundice

Leukæmia
 Measles
 Menopause
 Menstruation, Vicarious
 Mitral Stenosis
 Myxœdema
 Nephritis, Chronic
 Ovarian Disease
 Peritonitis
 Pernicious Anæmia
 Phosphorus-poisoning
 Pleurisy
 *Polypus
 Psittacosis
 Purpura Hæmorrhagica
 Pyæmia
 Relapsing Fever
 Remittent Fever
 Salicium
 Sarcoma of Nose
 Scarletina
 Scurvy
 Telangiectasis
 Thrombosis, Cerebral
 Thymus, Enlarged
 Tuberculosis
 Tumours of Neck
 Ulcer of Nose

leprous, malignant, syphilitic or tuberculous

Varicosities

*Worms

Yellow Atrophy, Acute

Epistaxis occurs in health in connection with violent nose-blowing or sneezing, diving, mountaineering, aviation, and sudden changes of temperature.

587. THE SENSE OF SMELL

In testing for smell, ascertain first that the mucous membrane is duly moist. Then make the patient smell valerian, essence of violets, and oil of cloves, and distinguish between them. Irritating vapours like ammonia act upon the trigeminal nerve and should be avoided. The centre for smell is in the tip of the uncinate gyrus, the nerve fibres being distributed to the Schneiderian membrane over the upper part of the nasal fossæ.

588. Lost or Impaired (Anosmia)

It may be lost, on one side only, in connection with hemianæsthesia (hemianosmia) and is then usually functional. A common cause is obstructed or dry nostrils.

Abscess at Root of Nose

*Adenoids

Aphasia

sometimes unilateral

Cerebellar Tumour

Congenital Absence of Olfactory Bulbs

*Coryza

Embolism

Facial Paralysis (x)

General Paralysis

25 per cent.

Hæmorrhage, Cerebral

Hydrocephalus

Hysteria

Influenza, Sequel of

*Injuries to Head

Locomotor Ataxy (x)

Noxious Vapour

*Occlusion of Nostrils

Olfactory Clefts

„ Neuritis

Ozæna

Paralysis of Fifth Nerve

from dryness of mucous membrane

Polypi

Rhinitis, Atrophic

„ Hypertrophic

Rhinolith

Septal Spur

Septum, Deviation of

Syphilis

Thrombosis

Tobacco; Abuse of

Tumour of Brain

post. third of internal capsule or in uncinate convolution

Typhus

589. Hyperosmia

Extreme sensitiveness to existent smells.

Neurasthenia

It is usually an idiosyncrasy.

590. Subjective Smells

(Parosmia)

A pleasant odour may be pronounced disagreeable, and *vice versa*.

Aura epileptica

SUBJECTIVE SMELLS (PAROS-
MIA)—*continued*

Empyema of Antrum

Hæmorrhage, Ethmoidal

*Hysteria

*Influenza

Insanity

Myxœdema

Meningeal Thickening

Meningitis

Neurasthenia

Sinusitis, Frontal

,, Sphenoidal

Tumour of Brain

THE MOUTH

591.—The first act of digestion takes place in the mouth, where the ptyalin of the saliva, by converting starch into glucose, renders it soluble. The quantity of saliva secreted daily is from two to three pints ; its alkalinity is due to sodium phosphate, not to the carbonates.

592. Dribbling, Salivation or Ptyalism

It is generally due to reflex irritation in the alimentary canal. When associated with dysphagia or paralysis, the quantity may be only apparently excessive.

Adenoids

Ague

Angina Ludovici

Aphthæ

Arterio-sclerosis

Bulbar Paralysis

Calculus, Salivary

Cancer of Larynx

„ of Stomach

Cancrum Oris

*Dementia

Dental Abscess

*Dentition

Dilatation of Stomach

Diphtheritic Paralysis

Epulis

*Facial Paralysis

*Foreign Body in Mouth

Gastric Irritation

Glossitis

Hæmophilia

Hydrophobia

Hypoglossal Paralysis

Hysteria

Idiocy

Jaw, Dislocation of

„ Fractured

Liver Disorders

Mental Emotion

Mumps

saliva thickened

Myasthenia Gravis

Myelo-sarcoma

Necrosis of Jaw

Neuralgia of Fifth Nerve

Overaction of—

Aconite

Antimony

Arsenic

Bromides

Cantharides

Chlorate of Potash

Copper

Iodine

Mercury

Phosphorus

Pilocarpine

Pancreatic Disease

Paralysis Agitans

Pellagra

Pernicious Anæmia

Pregnancy

Pseudo-bulbar Paralysis

Pyorrhœa Alveolaris

Ptyalorrhœa

*Quinsy

Ranula

DRIBBLING; SALIVATION OR

PTYALISM—*continued*

Scurvy

Sprue

*Stomatitis

of all kinds

Syphilis

Teeth, Jagged

Typhus

Ulcer of Duodenum

,, of Mouth

,, of Stomach

Variola

Vincent's Angina

Worms

* * In uræmia the saliva contains urea.

593. Saliva Diminished

Belladonna-poisoning

Cholera

*Diabetes

Facial Paralysis

*Fevers

Nasal Obstruction (580)
apparent only

594. Acid Saliva

Carcinoma

Diabetes

Leukæmia

Pernicious Anæmia

595. Foam at Mouth

Apoplexy (late)

*Epileptic Seizure

Hystero-epilepsy

Malingering

soap

Pulmonary Affections with
Prostration

596. Blood from Mouth

Adenoids

Bleeding Gums (620)

Epilepsy

bitten tongue

Ulcers of Fauces

,, of Mouth

Varicose Veins

in the pharynx.

Apparent causes are epis-
taxis, hæmatemesis, and
hæmoptysis.

597. Attempts to Bite

Hydrophobia (early)

Lyssaphobia (late)

598. Dry

Diabetes

Gastritis, Chr.

Nasal Obstruction

Nephritis, Chr.

Pyrexia (295)

Xerostoma

(See 580)

Cold Breath (See *Subnormal*
Temperature, 292)

599. Mouth Open

This is the commonest
cause of a dry mouth.

*Adenoids

Asthma

Bulbar Paralysis

Cancrum Oris

Cretinism

Dislocated Jaw

Dyspnœa, Acute

General Paralysis

Glossitis

*Idiocy

Idiopathic Muscular Atro-
phy

MOUTH OPEN—*continued*

Landouzy - Déjérine Paralysis

*Obstructed Nostrils (589)

Post-pharyngeal Abscess

Prostration (234)

Quinsy

Stomatitis

Tonsillitis

Orthopnœa causes the jaw to drop by gravitation and therefore the mouth to open (1224).

Mouth Shut

(See *Trismus*, 1424)

600. Mouth Drawn to One Side

*Facial Paralysis

to opposite side (unless dating from childhood)

Facial Hemiatrophy

„ Hemihypertrophy

*Hemiplegia

Scars

* * Unilateral loss of teeth may mislead.

601. Swellings

Actinomycosis

Dermoid Cyst

Epithelioma

Hydatids (x)

Lipoma

Nævus

*Ranula

Tuberculous Glands

(See *Gums*, 620)

602. Oral Illumination

An electric torch should be inserted into the mouth in a darkened room. If the antrum appears dark—

Empyema of Antrum

Growth in Antrum

603. Davidsohn's Sign

On placing an electric torch in the mouth, there is less illumination of the pupil on the side of the lesion (see 560).

Empyema of Antrum

Tumour of Antrum

604. Yawning

A yawn is commonly due to fatigue or to deficient oxygenation of the blood. If persistent, there may be irritation of Arnold's nerve as by—

Wax in Meatus

605. THE LIPS

Pallid (see *Anæmia*, 385)

Livid (see *Cyanosis*, 396)

606. Swollen Lips

Abscess, Alveolar

*Abscess, Labial

Acromegaly

Adenoids

Angeioneurotic Œdema

*Bites

Cancrum Oris

Chancre

Cheilitis, Glandular

„ Miliary

Corrosive-poisoning

Cretinism

Elephantiasis of Lips

Epilepsy

Jagged Teeth

Lymphangitis, Chronic

‘ blubber lips ’

Macrocheilia, Congenital

Myxœdema

Stings

Stomatitis

Tuberculosis

Ulcer

Worms

607. Local Swelling

Chancre

Cysts

*Epithelioma

Nævus

Plaque Muqueuse

Perlèche

angles

608. Tapir Lip

The projection of the lip resembles that of this animal.

Landouzy-Déjérine Paralysis

609. Herpes Labialis

Ague (hot stage)

Appendicitis

Cerebro-spinal Meningitis

*Coryza, Simple

Foot-and-Mouth Disease

Irritation of Fifth Nerve

Malaria

*Pneumonia, Acute

Remittent Fever

610. Ulcerated Lips

Anthrax (x)

Cancrum Oris

Carbuncle

Chancre

Condyloma

Epithelioma

Soft Sore

Stomatitis

Sordes (see *Gums*, 624)

611. Fissures at Angles

Hereditary Syphilis

612. THE BUCCAL MEMBRANE

613. Ulcers

Aphthæ

Bites

Cancer

***Cancerum Oris**

Corrosive-poisoning

Glanders

Gumma

Sprue

Stomatitis, Ulcerative

Vesicles, Broken

A common cause is a jagged tooth.

614. Papules

Lichen Planus

Miliary Cheilitis

Stomatitis

615. Vesicles

Herpes

Stomatitis, Aphthous

Varicella

Variola

616. Petechiæ

Anæmia Gravis

Hæmophilia

Purpura

Scurvy

Trauma

Ulcerative Endocarditis

617. Pigment Patches***Addison's Disease**

Argyria

Cancer (x)

Cholangitis

Cirrhosis of Liver (x)

Lead-poisoning

Gabler's or Oliver's spots.

Pernicious Anæmia

Ulcer of Stomach (x)

Found in Lascars, some negro tribes, and, rarely, in healthy Europeans.

618. Koplik's Spots

Bright red spots, the size of a pin's head, each with a bluish-white speck in the centre; found also inside the lips, but never on the gums. The somewhat similar spots of aphthous stomatitis have yellow centres.

Measles

They appear two days before the eruption and last for four days.

619. Red Swelling over Stenson's Duct

Mumps, i.

Tresilian's Sign

THE GUMS

620. Spongy and Bleeding

Actinomycosis
 Alveolar Abscess
 Anæmia, Aplastic
 „ Pernicious
 „ Splenic
 Cachexia
 Cancrum Oris
 Carious Teeth
 Dentition
 Diabetes
 Dyspepsia
 Erythema Bullosum
 Gastric Irritation
 Gingivitis, Tuberculous
 Hæmophilia
 Infantile Scurvy
 Leukæmia
 Lymphadenoma
 Overaction of—
 Arsenic
 Bismuth
 Iodides
 Lead
 Mercury
 Phosphorus
 Phthisis
 Purpura
 Pyorrhœa Alveolaris
 Scurvy
 *Stomatitis in general
 Syphilis
 Tartar
 Trauma

Ill-fitting dentures or broken
 teeth may be responsible.

621. Pale Gums

*Anæmia (385)
 Hæmorrhage

622. Coloured Line

At the junction of the teeth
 with the gum; most
 marked in the lower jaw.

Bismuth
 bluish-black
 Copper-poisoning
 green

*Lead-poisoning
 blue (Burton's Line)

Mercurialism
 bluish

Pyorrhœa Alveolaris
 red

Scurvy
 purple

Spongy Gums
 red

Zinc
 bluish

* * Nearly all workers in lead
 show a blue line, whether
 they suffer from plumbism
 or not.

623. Circumscribed Swelling

Actinomycosis
 *Alveolar Abscess
 Cyst, Dental
 *Epulis
 Epithelioma

CIRCUMSCRIBED SWELLING—

continued

Myelo-sarcoma

Papilloma

Periodontitis

624. Sordes

A brownish deposit between
the teeth and the gums as
well as on the lips.

*Acute Yellow Atrophy

Pneumonia

Prostration (234)

*Typhic State (62)

625. Swollen Jaw

*Abscess

Acromegaly

Actinomycosis

Antrum, Empyema of

„ Growth in

Cancer

Cysts

Necrosis

Odontoma

Osteoma

Periostitis

Phosphorus-poisoning

Sarcoma

Syphilis

Tubercle

THE TEETH

626. Grinding Teeth

Anæmia of Brain
 Anterior Poliomyelitis
 Chorea
 Epilepsy
 Gout
 Hydrocephalus
 Hyperæmia of Brain
 *Intestinal Irritation
 Rheumatism
 *Tuberculous Meningitis
 intense
 Tumour of Brain
 Variola
 *Worms

627. Carious Teeth

Due chiefly to *Leptothrix buccalis*.
 Diabetes
 Eructations, Acid
 Exophthalmic Goitre
 Injuries
 Naso-pharyngeal Obstruction (580)
 Pernicious Anæmia
 Phosphorus-poisoning

628. Teeth Loose

Abscess, Alveolar
 Cancrum Oris
 Dentition, Second
 Diabetes
 Leukæmia
 *Mercurialism

Phosphorus-poisoning
 Purpura

*Pyorrhœa Alveolaris

*Recession of Gums

Scurvy

Stomatitis

Wasting Diseases, Acute
 (311)

Xerostoma

629. Teeth Laminated (permanent set)

Due to intervals of arrested nutrition.

History of Acute Disease in Childhood

(See *Nails*, 907)

630. Dentated

Malnutrition
 Struma, History of
 while the teeth were unopposed

631. Notched and Conical

Upper central permanent incisors.

Hereditary Syphilis

‘Hutchinson’s’ or ‘screw-driver teeth’

632. Moon’s Teeth

The first molars are small and domed.

Syphilis

633. DENTITION

The table gives the number of teeth at the following ages :—

Temporary				Permanent			
Months.			Teeth.	Years.			Teeth.
7	..	..	4	6½	..	..	4
7 to 10	..	..	8	7	..	..	8
12 to 14	..	..	12	8	..	..	12
14 to 20	..	..	16	9	..	..	16
18 to 36	..	..	20	10	..	..	20
				11-12	..	..	24
				12-15	..	..	28
				17-24	..	..	32

The first teeth of the second dentition to appear are not the incisors, but the first molars of the upper jaw.

634. Early Dentition

Hereditary Syphilis

Tuberculous Diathesis

635. Late Dentition

Cretinism

Idiocy

Malnutrition

Mongolian Imbecility

*Rickets

in irregular order

THE PALATE OR ROOF OF THE MOUTH

636. White

Aphthæ
Callosities
Diphtheria
Necrosis

Meningocele

Nævus

Tubercle

637. Ulcerated

(See 613)

Ulcers may be due in infants
to a foul teat or a horny
nipple.

639. Perforated

Cancer

Cleft Palate

Injury

Measles

*Syphilis

Tuberculosis

Variola

638. Swollen

*Abscess

Adenoma

Cancer

*Cysts

Epithelioma

Fracture

Gumma

Infantile Scurvy

Lupus

Jaw Closed (see *Trismus*,
1424)

640. Forchheimer's S gn

A red maculo-papular erup-
tion on soft palate.

Rötheln

THE TONGUE

641.—‘L’œil est le miroir de l’âme, et la langue le miroir de l’estomac,’ as Henri Roger used to say at his clinique. The aphorism may not have been original, but it is quite true, though there are fallacies in both cases, and the bowel must be included. Fur consists largely of broken down epithelial scales, which, normally, are removed by friction with solid food. When none is taken, as in fevers, the scales remain and form the ‘fur.’

642. Dry and Glazed Tongue

Dysentery, Acute
Enteritis, Acute
Gastritis, Erythematous
Intestinal Obstruction

***Nasal Obstruction**

Peritonitis, Ac.

Phthisis, III.

Septicæmia

***Typhic State (62)**

Wasting Diseases (311)

Xerostoma*43. Dry and Furred**

Ague

Continued Fevers

Dyspepsia

Erysipelas

***Exanthemata**

Hyperpyrexia

Infective Endocarditis

***Jaundice**

Lead-poisoning

***Nasal Obstruction (580)**

Peritonitis

Pneumonia

***Pyæmia**

Remittent Fever

Tuberculosis, Acute

Typhic State (62)

‘baked tongue’

Typhus

644. Moist with White Fur

Alcoholism

Apoplexy

*Catarrh of Bile-ducts

„ of Mouth

Colitis

Constipation

Cyanotic Liver

Delirium Tremens

Duodenal Catarrh

Enteric Fever, I.

centre only

Erysipelas

*Fæcal Accumulation

*Gastric Irritation

Gastritis, Acute

„ Chronic

Gout

Hepatic Abscess

Hepatitis, Acute

Lithæmia

Measles

centre only

Meningitis, Simple

Migraine

Nasal Obstruction (580)

Phthisis

Pneumonia, Acute

Pyrexia (295)

*Quinsy

Relapsing Fever

MOIST WITH WHITE FUR—

continued

Remittent Fever

Rheumatism

Scarlatina, I.

centre only

*Tonsillitis

Tuberculosis, Acute

centre only

Typhus

* * Malingers use chalk; this froths up on adding an acid.

645. Brown Fur

Due to an admixture of blood or hæmatin with broken down epithelium.

*Enteric Fever

3rd week

*Erysipelas, Severe

Gastritis, Chronic (x)

Gout (x)

Jaundice (392)

Remittent Fever

Scurvy

Septicæmia

Strangulated Hernia

Tuberculosis, Acute, II.

Typhic State (62)

*Typhus

* * Beware of brown stains, e.g. from liquorice or chocolate.

646. Unilateral Furring

Generally due to inability to bite with one half of the jaw.

Abscess, Dental

Periodontitis

Pulpitis

Tooth-Cutting

Toothlessness, Unilateral

Trigeminal Neuralgia

647. Large, Pale, and Indented

This is the anæmic type of tongue.

Acromegaly

*Anæmia (385)

Aphthæ

fungoid growth

*Atony of Stomach

Cancer of Stomach

Gastritis, Chronic

in weakly people

*Neurasthenia

Œdema

Relapsing Fever

*Salivation

Ulcer of Stomach

648. Swollen or Protruding

Achondroplasia

Acromegaly

Actinomycosis

*Anæmia

Aneurysm of Aorta

Angina Ludovici

Calculus, Salivary

Carcinoma

Cretinism

Cyanosis

*Glossitis

Idiocy

Insanity

Irritant Poisons

Macroglossia, Congenital

,, Fibromatosa

Mitral Disease

Mongolian Imbecility

Myxœdema

SWOLLEN OR PROTRUDING—

continued

Edema

Pemphigus

Ranula, Inflamed

Scurvy

Shell-fish poisoning

Urticaria

Variola

649. ' Strawberry Tongue '

Ichthyosis Linguae

Pneumonia (x)

*Scarlatina

650. ' Raw-Beef Tongue '

Diabetes

651. Plaques or Psoriasis

Syphilis

The primary sore is also met with.

652. Hairy Tongue

Significance unknown ;
sometimes nævoid.

653. Black

Bismuth

Charcoal

Iron

Nigrities

* * Mouth-washes of hydrogen
peroxide will blacken the
tongue.

654. Pigment Patches

Glossitis, Old

Those that are found on
the buccal membrane
may occur, though more
rarely, on the tongue
(see 617).

655. Small

' Atrophy, Smooth '

syphilitic or tuberculous

Bulbar Paralysis

Enteric Fever

Gastritis, Chronic

*Hæmorrhage

*Paralysis of Hypoglossals

Peritonitis, Acute

Pseudo-hypertrophic Para-
lysis

Typhic State (62)

656. Fissured

Cirrhosis of Liver

*Diabetes

Dysentery, Chronic

Erysipelas, Severe

*Glossitis, Old

Mongolian Imbecility

Scars of Ulcers

*Syphilis

* * Sometimes normal, especi-
ally in old people.

657. Ulcerated

*Aphthæ

Chancre

Dyspepsia

on tip

Epithelioma

on side, hard

Foot-and-Mouth Disease

Gastritis (x)

Herpes

Hooping Cough

' frænal ulcer '

*Jagged Tooth

Pemphigus

Præcancer

ULCERATED—continued

Sprue

under-surface

Stomatitis

*Syphilis, Secondary and
Tertiary

broken down gumma, etc.

Tubercle

Tuberculosis

side or tip, not hard

Ill-fitting dentures will pro-
duce ulceration.**658. Bitten or Scarred**

Bulbar Paralysis

*Epilepsy

*Fall

Hystero-epilepsy

Syphilis

659. Nodules on Tongue

Actinomycosis

Concretions (?)

*Gumma

Lymphangioma

Tubercle

660. Tumours of Tongue

Actinomycosis

Angeioma

Cancer

*Cysts

*Epithelioma

Fibroma

Lingual Thyroid

,, Tonsil

Lipoma

Macroglossia Fibromatosis

Papilloma

Sarcoma

661. Trembling

*Alcoholism

Bromism

Bulbar Paralysis

'like a bag of worms'

Chorea

jerking

*Delirium Tremens

Enteric Fever

Epilepsy

Friedreich's Disease

jerking

General Paralysis

Neurasthenia

Paralysis Agitans

Sclerosis, Disseminated

*Tobacco, Abuse of

*Typhic State (62)

662. Unilateral Protrusion

Aneurysm, Basilar

*Apoplexy

Caries of Upper Cervical
Vertebræ, Partial

Cerebral Embolism

*Facial Paralysis, Central (x)
Hemiplegia (1335)Paralysis of One Hypo-
glossal

Syringomyelia

Tumour of Brain or of upper
part of Cord**663. Inability to Protrude**

Basal Meningitis

Bulbar Paralysis

Caries of Atlas or Occiput

*Diphtheritic Paralysis

General Paralysis

Lesion of both Hypoglossal
Nuclei

INABILITY TO PROTRUDE—*continued*

Lead-poisoning

Locomotor Ataxy (x)

Tumour of Base

„ of Cervical Cord

664. Aphthongia

A spasm of the tongue set up by the attempt to speak.

Thomsen's Disease

A functional form occurs in stammerers.

665. Geographical Tongue

With map-like markings.

Glossitis, Chr. Superficial

Hyperchlorhydria

Rickets

666. Smoker's Patch

Small and oval with yellow crust.

667. Leukoplakia

A smooth, horny, blue and white patch.

Gout

Rheumatism

Smoking, Excessive

It is liable to develop into epithelioma.

668. Sclerosing Glossitis

Syphilis

669. Folio-Papillitis

The foliate papillæ are red, swollen, and acutely painful.

Gout

Rheumatism

670. Yellow Patches

Addison's Disease

Glossitis, Old

Xanthelasma

671. Annular Patches

Eczema

672. THE TASTE

The four primary divisions of Taste are :—bitter, sweet, acid, salt. The principal nerve of taste is the glosso-pharyngeal, which is distributed over the posterior third of the tongue ; but the fifth nerve, which supplies the anterior two-thirds, and the chorda tympani, include some gustatory fibres. The Taste Centre is probably the tip of the temporo-sphenoidal lobe. To test the sense, the patient should be required to distinguish between salt, sugar, quinine, and citric acid—all in powder form. Both the front and the back of the tongue should be tested. Taste is a faculty which is soon exhausted, so that repetitions must be few.

673. Lost or Impaired (Ageusia)

Ageusia may be central, peripheral, or conductive.

Adenoids

*Anæsthesia or Paralysis of Fifth Nerve

Bulbar Paralysis

Bromism

*Coryza

Facial Paralysis

when chorda tympani is involved

Hay Fever

Hysteria

Iodism

*Nasal Polypus or Obstruction

Paralysis of Glosso-pharyngeal

Rhinitis, Atrophic

„ Hypertrophic

Stomatitis

Tumour of Brain

** A dry, or thickly furred-tongue necessarily interferes with taste. In some paralyzes, there is *hemi-geusia*, or loss of taste, in one-half of the tongue.

674. Perverted (Parageusia)

Aura epileptica

*Hysteria

*Insanity (see *Pica*, 70)

Pregnancy

675. Foul (Cacogeusia)

Action of—

Arsenic

Copper

Iodides

Lead

Mercury

Tartar Emetic

Duodenal Catarrh

Duodenal Ulcer

bitter

Dyspepsia

Epilepsy

FOUL (CACOGEUSIA)—*continued*

*Fæcal Accumulation

*Gangrene of Lung

Gastric Irritation

Hysteria

Insanity

Jaundice (392)

Lithæmia

Liver Affections

Myxœdema

Pancreatic Disease

Peritonitis

Phthisis

Pyorrhœa Alveolaris

sweet and sticky

Stomach, Dilated

*Teeth, Caries of

Tonsillitis

Typhus

Variola

676. THE FAUCES OR THROAT

For examining the throat, an electric torch is the most convenient instrument, but it must not be inserted too far back. The patient should say 'Ah' when the posterior wall is inspected. A cautious preliminary swabbing with cocaine is advantageous, especially when digital examination is attempted. In the case of children, a cork should be used between the molar teeth to prevent the finger from being bitten.

677. Reddened

Belladonna-poisoning
Coryza
Diphtheria, i.
Erysipelas
*Gastritis
Gout
Influenza
Iodism
Irritant-poisoning
Malta Fever
*Measles
Mediastinal Abscess
Pharyngitis, Acute
 ,, Chronic
 rough
Quinsy
Relapsing Fever
Roseola
Rötheln
*Scarlatina
 dark red
Tetanus
*Tonsillitis

678. Swollen

Amyloid
Calculus, Tonsillary
Dengue

Erysipelas

*Hypertrophied Tonsils

*Measles

Mumps

Pharyngitis, Acute

*Pharyngitis, Follicular

Quinsy

Scarlatina

*Tonsillitis, Simple

 ,, Lacunar

 ,, Rheumatic

 ,, Septic

Variola

679. White or Grey Patches

A membrane is not necessarily due to the Klebs - Löffler bacillus; the streptococcus pyogenes may be the cause.

Carbolic Acid poisoning

*Diphtheria

 a fixed and spreading membrane

Follicular Pharyngitis

 detachable

Gangrenous Sore Throat, i.

Hydrochloric Acid poisoning

WHITE OR GREY PATCHES—

continued

Measles (x)

very rarely membranous

Pertussis (x)

Pharyngomycosis

small recurring fibrous
excrescences

Scarlatina

sometimes membranous

Septic Tonsillitis

membranous

Vincent's Angina

membranous

Inhaled steam may produce
a membrane; and mucus,
cream, or a tonsillary
calculus may deceive.

680. Ulceration of Tonsils

Cancer

*Diphtheria

after separation of mem-
brane

Gangrene

Glanders

bluish

Herpes Faucium

sequel

Influenza (x)

Scarlatina (x)

Syphilis

chancre or plaques

*Septic Tonsillitis

after separation of sloughs

Tonsillitis

Tuberculous Pharyngitis

Vincent's Angina, II.

flat, with hard base and
sloping edges. Only one
tonsil usually affected

THE PHARYNX OR BACK OF THROAT

681. Bulging of Pharynx

Adenoids
 Cancer
 Caries of Cervical Vertebrae
 Epithelioma
 Glands, Enlarged
 Gumma
 Oedema, Acute
 from stings, etc.

*Post-pharyngeal Abscess
 Tumours

682. Vesicles on Pharynx

*Herpes, Pharyngeal
 Varicella
 Variola

683. Ulcers of Pharynx

Cancer
 Chancre
 Condyloma
 Enteric Fever (x)
 Gumma
 Herpes
 Lupus (x)
 Syphilis
 ‘ snail-track ulcer ’
 Tuberculosis
 Variola (x)

684. Growths, Pharyngeal

Adenoma
 Angeioma
 Cancer
 Epithelioma
 Gumma
 Papilloma
 Sarcoma

685. Mucous Accumulation

Alcoholism
 Glanders
 Lithæmia
 *Naso-pharyngeal Catarrh
 Pharyngitis, Chronic
 with stellate veins
 Pharyngitis, Acute, II.
 „ Follicular
 „ Granular
 Relapsing Fever
 Scarlatina

686. Deviating Uvula

Often normal.
 *Facial Paralysis
 Relaxed Uvula
 Syphilis
 fixed

687. THE ŒSOPHAGUS

This enters the stomach on a level with the body of the tenth dorsal vertebra. The left bronchus crosses it about three inches down.

688. Stenosis of Œsophagus

Extrinsic—

Aneurysm

Cancer

Caries of Spine

Glands, Enlarged

Growth, Mediastinal

Thyroid, Enlarged

Intrinsic—

Abscess, Post-pharyngeal

Cancer

Congenital Stenosis

Foreign Body

Poisons, Corrosive

Spasm

Stricture, Cicatricial

(See *Dysphagia*, 693)

689. The Œsophagoscope

This is sometimes of assistance in the diagnosis of pressure-dysphagia such as that from :—

Aneurysm, Thoracic

Bronchial Gland, Enlarged

Cancer

Stricture

Thyroid, Enlarged

690. The Gastroscope

Used with a general anæsthetic, this has demonstrated successfully :—

Cancer of Pylorus

Gastric Ulcer

Petechiæ on Stomach

691. Gastro-Diaphany

An electric glow-light at the end of a stomach tube is switched on when the organ is entered. The room must be dark. It is used to distinguish Dilatation of the Stomach from Gastropnoia. An advantage is gained by first introducing $\frac{1}{2}$ gr. of Fluorescin in a solution containing glycerin and soda, the gastric juice being neutralised first with 15 grains of sodium bicarbonate (Kemp).

692. THE SWALLOW

In the act of swallowing, the soft palate is raised so as to shut off the nasal cavity; then, breathing being arrested, the tongue presses the roof of the mouth and the jaws meet. The nerves involved are the superior laryngeal (afferent) and the inferior laryngeal (efferent).

Esophageal dysphagia is usually painless and followed by regurgitation; while the pharyngeal form is painful.

693. Dysphagia or Difficulty in Swallowing

- Angina Ludovici
- „ Esophageal
- „ Pectoris
- Aorta, Aneurysm of
- „ Descendens, Aneurysm of
- Arthritis, Temporo-Max.
- Atlanto-axial Disease
- Botulism
- Bronchial Glands, Enlarged
- Bulbar Paralysis
- Cancer of Tongue, Larynx, Pharynx, or Esophagus
- Chorea
- Concretions in Tonsil
- Crico-arytenoid Arthritis
- *Diphtheria
- General Paralysis
- Glandular Fever
- *Glossitis
- Goître (x)
- Gumma of Pharynx
- Hæmoglobinuria, Paroxysmal
- Herpes of Pharynx
- Hydropericardium
- Hydrophobia
- Hysterical Globus
- *Impacted Foreign Body
- Laryngitis

- *Laryngitis, Tuberculous
- Lead-poisoning, Severe
- Lingual Tonsil, Enlarged
- Lymphadenoma
- Lupus of Throat
- slight
- Measles
- Mediastinitis, Acute
- Mercurial Stomatitis
- Miculicz' Disease
- Myasthenia Gravis
- Esophageal Pouch
- *Esophagismus
- *Esophagitis
- Esophagus, Idiopathic Dilatation of
- „ Stricture of
- „ Volvulus of
- Pachydermia Laryngis
- Palate, Cleft
- Parotitis
- Pemphigus, Buccal
- *Pericardial Effusion, Large
- Perichondritis of Larynx
- violent efforts
- Pharyngeal Plaque Muqueuse
- *Pharyngitis Simplex
- „ Tuberculous
- Pharynx, Stenosis of
- Pleural Effusion, Large

DYSPHAGIA OR DIFFICULTY IN
SWALLOWING—*continued*

*Post-pharyngeal Abscess

Ptomainism

*Quinsy

Sarcoma of Pharynx

*Scarlatina

— Spasm of Pharynx

Stings

Stomatitis

Tongue, Ulcerated

— Tetanus

*Tonsillitis Simplex

„ Rheumatic

„ Gouty

*Tonsillitis, Septic

„ Syphilitic

Tubercle of Pharynx

Tumour of Mediastinum

Trichinosis

Typhus

Variola or Varicella

eruption on fauces

*Vincent's Angina

See *Paralysis of Degluti-*
tion (1327), *Regurgita-*
tion of Food (1116),
Rumination (1116), and
Spasm of Swallow,
(1427)

THE LARYNX

694. Laryngoscope.—For laryngoscopic examination the disposition of the sitters is similar to that described for the ophthalmoscope, but the mirror must be bound to the surgeon's head and inclined in such a way that he can see through the hole, and, at the same time, without any constrained position, throw a stream of light on to the pharynx of the patient. The latter should put his head back, open his mouth wide, protrude his tongue, and hold this firmly with a handkerchief between his finger and thumb, thus avoiding the necessity for the use of a tongue depressor. The surgeon then takes a medium-sized mirror from his waistcoat-pocket, where it has been kept warm, and puts it far back into the patient's throat until it rests upon, and slightly raises, the base of the uvula, and nearly touches the posterior wall of the pharynx. The patient should be directed to say 'Ah-h-h.' If the dorsum of the tongue is alone visible, the handle of the mirror must be slightly lowered; if the epiglottis is in the way, the patient should say 'E-e-e.'

Kilian's method of Direct Laryngoscopy by means of a grooved rectangular spatula, used with the patient's head at the extreme point of retraction, so as to bring the mouth in a line with the rima glottidis, is said to have some advantages in the diagnosis of foreign bodies and mediastinal growths.

695. Ulcer of Larynx

Cancer

u solitary

Laryngitis, Chronic (x)

Lupus

much scarring

Syphilis

 deep, with sharply defined
 edges, multiple, some
 cicatrised, mucous mem-
 brane red

Tubercle

 shallow, with ill-defined
 edges, esp. about aryte-
 noid cartilage and epi-
 glottis; mucous mem-
 brane pale

696. Stenosis or Narrowing

Cancer

*Foreign Body, Impacted

Growths, Innocent

Injuries, Chemical or Me-
chanical

*Laryngitis

 simple, or in connection
 with diphtheria, typhoid,
 variola, etc.

Leprosy

Lupus

*Paralysis of Abductors

Perichondritis, Acute

Scars

*Tertiary Syphilis

Tuberculosis

697. Growths

Angeioma

bleeding

*Cancer

u posterior part of larynx

Cysts

Fibroma

Papilloma

Polypus

Sarcoma

698. Laryngeal Spasm

Aneurysm

Bronchial Gland, Enlarged

Diphtheria

Epilepsy

*Foreign Body

Growths

Hydrophobia

Hysteria

*Laryngismus Stridulus

Locomotor Ataxy

laryngeal crisis

Mediastinal Tumour

*Edema Laryngis

Tetany

699. Swelling of Mucous Membrane

Generally due to œdema.

Angina Ludovici

Angio-neurotic Edema

Cellulitis, Cervical

*Diphtheria

Enteric Fever (x)

Erysipelas

Foreign Body

Iodism

Irritating Gases

Laryngitis, Acute

Laryngitis, Tuberculous

pale

Lupus

Nephritis

*Edema Laryngis

Pachydermia

Perichondritis

Scalds

Scarlatina

Septic Throat

*Tertiary Syphilis

Typhus

Ulcers

700. Redness of Vocal Cords

Cancer

often unilateral

Catarrh

*Laryngitis, Acute

Laryngitis, Chronic

patchy

Tumours

irritation of

701. Membranous Laryngitis

*Diphtheria

Foreign Body

Irritant Gases

Measles (x)

Scalds

Scarlatina (x)

702. PARALYSIS, LARYNGEAL

The crico-thyroid muscle is supplied by the superior laryngeal nerve, and all the rest of the muscles by the recurrent laryngeal. The arytenoid is supplied by both.

703. Bilateral Abductor Paralysis

Paralysis of both crico-arytenoideus posticus muscles.

Dyspnœa very marked.

Bulbar Paralysis

Cancer of Cervical Glands

„ of Thyroid

Caries, Cervical

Degeneration of Vagus Centre

Disseminated Sclerosis

General Paralysis

Locomotor Ataxy

Neuritis, Alcoholic

„ Arsenical

„ Diphtheritic

„ Influenzal

Syphilis

Syngomyelia

Also the diseases given under next section but with *both* cords affected.

704. Unilateral Abductor Paralysis

Usually due to pressure upon the recurrent laryngeal nerve and practically always upon the left.

Aneurysm of Aorta

Cancer of Œsophagus

Lymphadenoma

Mediastinal Fibrosis

Mediastinal Growth

or secondary growth in glands

Phthisis, Fibroid

left upper lobe

705. Bilateral Adductor

Exhaustion

*Hysteria

Laryngitis, Catarrhal

Menopause

Menses, Suppressed

In functional paralysis, the patient, though voiceless, can give a resonant cough.

706. Unilateral Adductor

Catarrhal Laryngitis

Lead-poisoning

Syphilitic Laryngitis

707. Crico-thyroid Paralysis

Due to pressure upon, or
neuritis of, the Superior
Laryngeal nerve.

Aneurysm

Bulbar Paralysis

Diphtheritic Paralysis

Locomotor Ataxy

Syringomyelia

708. Semon's Sign

Impaired mobility of the
vocal cords in :—

Carcinoma of Larynx

But it occurs also in chondral
arthritis and as an effect
of cicatrices.

(See *Dyspnœa*, 1223 ; *Dysphagia*, 693 ; *Voice*, 1228 ; and
Cough, 1193)

709. THE NECK

A long neck is said to predispose to phthisis ; a short thick one to apoplexy. Wasting is commonly first evident in the neck.

710. Stiff

- Actinomycosis
- Angina Ludovici
- Ankylosis of Spine
- Atlanto-axial Disease
- *Carbuncles or Boils
- Caries of Cervical Vertebrae
- Cerebellar Tumour
- Cicatrices
- General Paralysis (x)
- Glands, Inflamed
- Glandular Fever
- Injuries
- Leptomeningitis, Spinal
- Myositis ossificans
- Neurasthenia, Traumatic
 - sometimes with audible click on movement
- Pachymeningitis, Cervical
- Paralysis Agitans
- Polymyositis
- Post-pharyngeal Abscess
- *Rheumatism
- Rheumatoid Arthritis
- Rötheln
- Spinal Meningeal Hæmorrhage
 - „ Meningitis
 - „ Tumour
- Spondylose Rhizomélisque
- *Sprain
- Tetanus
- Tonsillitis
- *Torticollis, Congenital
 - „ Spasmodic

711. Wry Neck (Torticollis)

- Caries
- Cervical Rib
- Congenital Affection
- *Contraction of Scars
- Facial Hemiatrophy
- *Hysteria
- Slipped Tendon
- Spasmodic Torticollis
- Sternomastoid, Injury to
- Tumour of Middle Cerebellar Peduncle
 - and other subtentorial tumours
- Worms
- * * 'There is no such thing as paralytic torticollis' (Gowers).

Retracted Neck (see *Head*, 361)

712. Displacement of Trachea

- *Aneurysm of Innominate to left
- Cirrhosis of Lung
 - towards contracted side
- Lymphadenoma
- Mediastinal Tumours
 - when large

713. 'Tracheal Tug' (Oliver's Sign)

The chin should be raised in order to see or feel this. It is synchronous with the heart's action.

TRACHEAL TUG—*continued*

- *Aneurysm of Transverse Aorta
- Cancerous Bronchial Glands
- Dilatation of Aorta (x)
- Pulsating Mediastinal Sarcoma
- Retraction of Left Lung

714. Tumefaction above Clavicles

- Aneurysm of Aorta
left side only
- Cretinism
pads of fat
- Emphysema, Interstitial
from cancer of œsophagus,
etc.
- *Emphysema, Vesicular
increased on coughing
- Myxœdema

715. Rotundity of One Clavicle,

- Cirrhosis of Lung
- Collapse of Lung

***Phthisis**

Attention has not hitherto, I think, been directed to this symptom; but it is necessarily more obvious than either of its congeners — subclavicular flattening or supraclavicular retraction. Normally not more than $\frac{1}{4}$ of the rotundity of the bone is exposed, whereas bad cases of shrunken apex may show $\frac{3}{5}$. It is of most value when unilateral.

716. Sterno-mastoid, Swelling in

- Abscess, Tuberculous
- Gumma
- *Hæmatoma (Infants)
esp. after breech presentations

717. Sterno-mastoids, Prominent

- Asthma
- Bronchitis, Chronic
- *Chronic Dyspnoea in general
(1223)
- Emphysema

718. Inspiratory Retraction at Episternal Notch

This as well as the symptom which follows depends upon the volume of air inspired being insufficient to keep pace with thoracic expansion. The diseases are common to both.

719. Inspiratory Descent of Pomum Adami

- *Asthma, Spasmodic
- Cirrhosis of Lung
- Collapse of Lung
- Contraction of large Vomica
- *Diphtheritic Laryngitis
- *Obstruction in Air-passages
- Edema Laryngis

720. Demarquay's Sign

Immobility or *lowering* of the larynx during deglutition.

Tracheal Syphilis

721. Throbbing Carotids

More often neurotic than organic.

Ague

hot stage

*Anæmia

Aneurysm

*Aortic Regurgitation

Atheroma

Cervical Rib

Excitement

Exertion

*Exophthalmic Goitre

*Hæmorrhage, Profuse

Hyperæmia of Brain

Hypertrophy of Heart

Hysteria

Menopause

Neurasthenia

Obliterated Desc. Aorta

Pyrexia

to a slight extent

722. Distended Jugular

Aneurysm

esp. intra-pericardial

*Asthma

Broncho-pneumonia

Dilatation of Heart

the distension is increased
by compressing the liver

*Dyspnœa, Acute (1223)

Mediastinal Disease

Œdema of Lungs

Pericardial Effusion, Large

Pericardium, Adherent

collapsing with diastole

Post-pharyngeal Abscess

*Straining

Thymus, Enlarged

723. Jugular Vein Empty

Adhesive Pericarditis (x)

Thrombosis of Lateral Sinus

724. Kussmaul's Sign

Inspiratory swelling of
Jugular Vein

Adhesive Pericarditis

725. Pulsating Vein

Best seen on right side;
the patient should usually
be recumbent. It gener-
ally implies dilatation of
the right auricle. When
not due to transmission
from the carotids, the
pulsation will cease when
the vein is compressed
high up.

Anæmia

Aortic Aneurysm

when communicating with
superior vena cava

*Aortic Regurgitation (late)

„ Stenosis (late)

Cachexia, Cancerous

Chlorosis

Cirrhosis of Liver, Atrophic

better seen in vein of
forearm

*Dilatation of Heart

Fatty Heart

Hypertrophy of Right
Ventricle

Malformation of Heart

Mediastinitis

inspiratory

PULSATING VEIN—continued

Mitral Stenosis
Myocarditis, Chronic
Patent Foramen Ovale
Pericarditis, Adhesive
*Pernicious Anæmia
Pregnancy
Stokes-Adams' Disease

Tricuspid Regurgitation

systolic

Tricuspid Stenosis

erect position only—præ-systolic.

Venous pulsation occurs sometimes in healthy persons when the breath is held. (See 269, 283.)

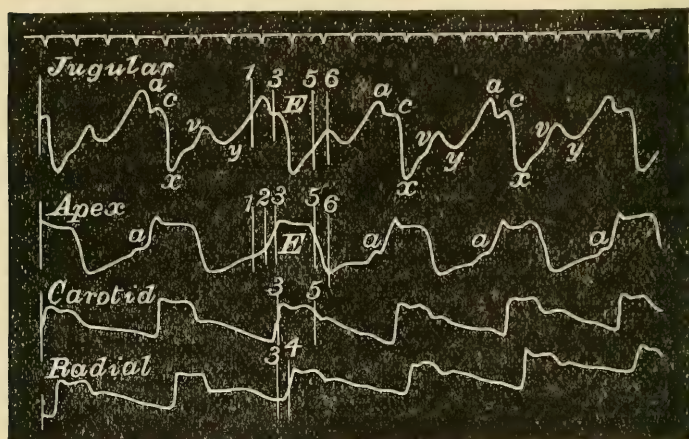


FIG. 5.—VENOUS PULSE IN THE JUGULAR, AND ITS TIME RELATIONS TO THE APEX BEAT AND THE CAROTID AND RADIAL PULSES.

The perpendicular lines show the time of :—

- (1) Beginning of auricular systole.
- (2) „ „ ventricular systole.
- (3) „ „ carotid pulse.
- (4) „ „ radial pulse.
- (5) Closure of semilunar valves.
- (6) Opening of tricuspid valve.

From 'Diseases of the Heart,' by James Mackenzie, M.D., F.R.C.P. (Hodder & Stoughton.)

726. Branchial Fistula

A fine opening just above sterno-clavicular articulation, or else on a level with the top of the thyroid cartilage.

Congenital condition

727. Enlarged Glands

The loss of subcutaneous fat which occurs in wasting disease may give a fictitious appearance of enlargement.

728. Enlarged Parotid

Cancer

Cholera

Dysentery

Exanthemata (x)

Miculiez' Disease

*Mumps

Orchitis

*Septicæmia

Tumour

There is also a lymphatic gland here. Its vessels come from the upper pharynx, the nasal fossæ, and the frontal and parietal scalp.

729. Enlarged Submaxillary Glands

They receive the lymphatics from the skin of the face and neck, the larynx, fauces, lower lip, buccal cavity, lower gums, and front of tongue, and will be enlarged by irritation within this area.

Actinomycosis

Angina Ludovici
around gland

Boils

Cancer

*Carious Lower Teeth

*Diphtheria

Epithelioma

Gummatous Ulcer

Malta Fever

Miculiez' Disease

Mumps

Quinsy

Roseola

Scarlatina

*Stomatitis

*Syphilis

Symmetrical Adeno-lipoma-
tosis

Tonsillitis

Vincent's Angina (x)

The suprahyoid glands also receive lymphatics from the front of the tongue and the lower lip.

730. Enlarged Supraclavicular Glands

When these alone are affected, the significance is more definite. Thus :—

Left side—

*Cancer of Breast, II.

Cancer, Secondary

chiefly abdominal, pelvic,
and testicular growths

Tuberculosis

Right side—

Cancer of Breast, II.

Cancer, Secondary

chiefly intrathoracic or
œsophageal growths

When they are affected in conjunction with other glands, sections 729 and 731 will apply.

731. Enlarged Cervical Glands

The lymphatics of the skin of the face and neck and of the external ear and scalp go to the superficial set those of the buccal cavity, root of tongue, tonsils, palate, pharynx, larynx, orbit, and nasal fossæ to the deep set. Irritation within these areas may cause their enlargement.

ENLARGED CERVICAL GLANDS

—*continued****Boils**

Cancer in above area

Carbuncle

***Carious Teeth**

Diphtheria

esp. intercarotid gland

***Ecthyma**

Eczema

Erysipelas

Glanders

Glandular Fever

Hooping Cough

Leukæmia

Lymphadenoma

Lymphosarcoma

Malta Fever

Measles

Parinaud's Conjunctivitis

Perichondritis syphilitica

Phthisis

Plague, Bubonic

Post-pharyngeal Abscess

Quinsy

Roseola

Rötheln

esp. those in posterior tri-
angle

Scarlatina

Status Lymphaticus

Syphilis

Thrombosis of Lat. Sinus

***Tubercle**

Vincent's Angina

slight

Varicella

Variola

Wounds*732. Enlarged Occipital Glands**

The lymphatics of the posterior portion of the scalp terminate here and enlargement is generally caused by irritation in that region.

Dermatitis, Seborrhœic

***Eczema Capitis**

Leukæmia (x)

Lymphadenoma

Pediculosis Capitis**Rötheln**Symmetrical Adenolipoma-
tosis***Syphilis**

Trypanosomiasis

Tuberculosis

733. Thyroid Enlarged

Thyroid swellings move with deglutition. The right lobe is normally the larger.

Abscess,

single or multiple

Adenoma

Aneurysm

Calculus of Thyroid

Cancer of Thyroid

Cysts, Simple**Exophthalmic Goître**

unequal—pulsating

Fibrosis of Thyroid**Goître, Parenchymatous**

Gummata

Hydatid Cysts

***Hypertrophy, Simple**

Menopause

Pregnancy

unless albuminuria is
present

THYROID ENLARGED — *continued*

Rheumatism, Acute, I.
in children

Status Lymphaticus

Tubercle

Also in lymphadenoma and other tumours of the neck — from pressure on veins. It is not uncommon temporarily in febrile conditions and during menstruation.

734. Thyroid Shrunk

Acromegaly (x)

Cretinism

*Myxœdema

735. Enlarged Thymus

Acromegaly

*Exophthalmic Goitre

Leukæmia

Lymphadenoma

Myasthenia Gravis

*Status Lymphaticus

*Thymic Asthma

* * The thymus is atrophied in marasmus. It is largest proportionately to the body weight at between 2 and 4 years of age.

736. Swellings in Neck (Unclassified)

*Abscess

Aneurysm

Angina Ludovici

Branchial Cyst (741)

Bursa, Hyoid

„ Thyroid

Carotid Body, Tumour of
Cervical Rib

Chloroma

Cysts, Dermoid

„ Sebaceous

Fractured Hyoid

Hydrocele of the Neck
behind the sterno-mastoid

Jugular Bulb

*Lipoma

„ Diffuse

Madelung's 'Fetthals'

Mastoiditis, Bezold's
beneath sterno-mastoid

Mediastinal Abscess

Multilocular Cyst

Myositis Ossificans

Perichondritis, Suppurative

Pneumatocele

Pouch, Œsophageal

Ranula, Large

Sarcoma

Thyroglossal Cyst

737. THE REGIONS OF THE CHEST

The old regions of the chest, which are indicated by the dotted lines on the figure, are, from above downwards, the supraclavicular, clavicular, infraclavicular, mammary, and the hypochondrium. But they are so large as to be of little practical use. What is wanted is the division of the chest into spaces small enough to be covered by the chest-piece of a stethoscope, and yet bounded by well-known and easily remembered lines. Further, each region should be numbered, so that the cumbersome use of such terms as finger-breadths and inches from more or less fixed spots may be avoided and a simple formula substituted. I have endeavoured to supply this want by taking a map as a model. The zones or '*degrees of latitude*' are formed by the ribs and intercostal spaces, the columns or '*degrees of longitude*' by the area between well-known vertical lines. The new region is the square produced by the intersection of column and zone.

Each vertical *line* is marked with *one* letter: thus P for Parasternal, M for Mammillary; each vertical *column* is indicated by *two* letters: thus, PS for Parasternal Column, IM for Internal Mammary, EM for External Mammary, etc. The zones are marked in figures, *each rib bearing its own number*, and each intercostal space having *x* added to its number; but, since the first rib is too deep to be of use, the figure 1 is placed on the clavicle, while 0 marks the supraclavicular region. The intersection of column and zone or of line and zone forming the new region receives for its designation the number and letter of its congeners. Thus the region marked in the woodcut + is IM5*x* (Internal Mammary column and fifth intercostal space), while that marked 0 is M8, or the intersection of the mammillary line with the eighth rib, and they will be so entered in the case-book. In some cases still greater precision may be necessary, and this is attained by the addition of + or —; plus meaning nearer the periphery, minus nearer the middle line (note the alliteration). The position of figure 6, for instance, on the sixth left rib would be exactly described by the formula IM+6 Left.

Instead, therefore, of fourteen unwieldy regions, the boundaries of many of which are difficult to memorise, the system gives us between three and four hundred compact spaces, each capable of being described by a simple and easily remembered formula (Q.E.F.).

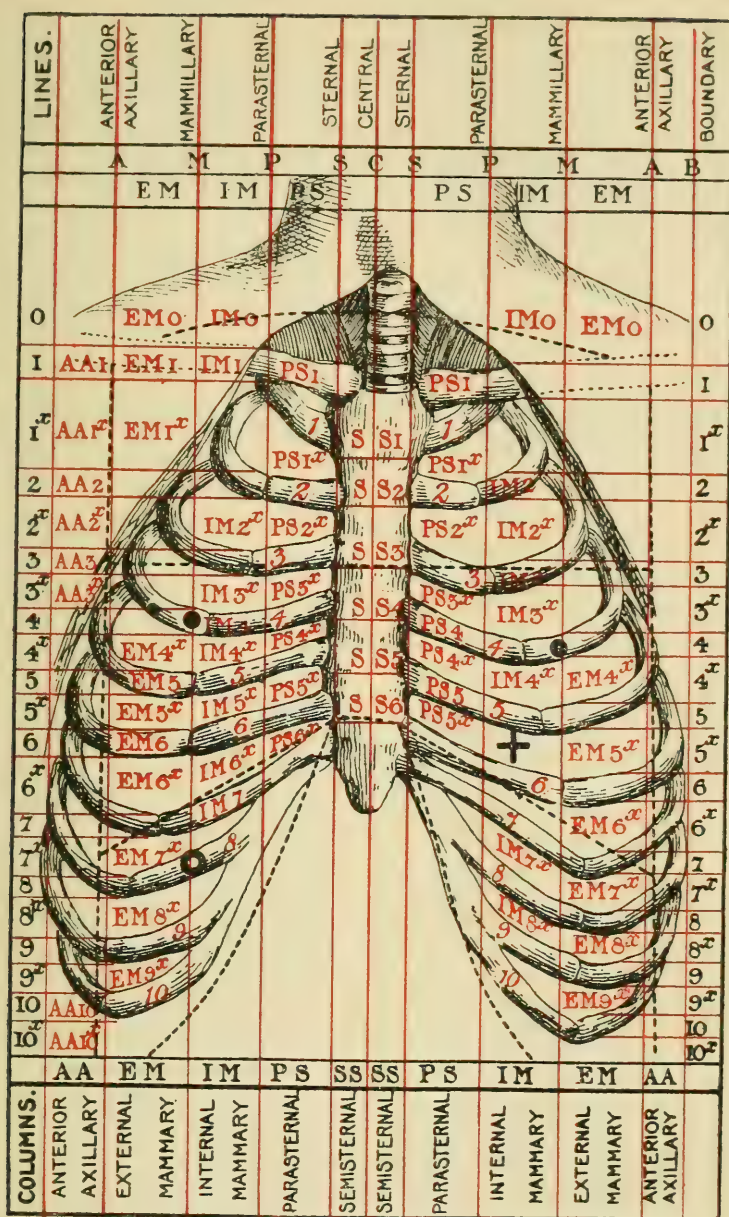


FIG. 6.—A NEW REGIONAL CHART OF THE CHEST.

Based on the geographical system of latitude and longitude. See 737

738. INSPECTION OF THE CHEST

The first rib is practically hidden by the clavicle; the position of the second is indicated by the manubrio-sternal prominence, and the eleventh and twelfth are known by their free, unattached extremities. The patient should stand at 'attention,' with feet together, head raised, and shoulders squared. The chest measurement should be not less than half the height. People with a contracted chest are sometimes compensated by its exaggerated length, and are all the better 'lives' in consequence.

739. Affections of Chest Walls

Abscess, Intrathoracic
pointing

Abscess, Necrosis

„ Superficial

Callus from Fracture

Empyema Necessitatis

Intercostal Neuralgia

„ Rheumatism

Perichondritis

Periostitis

(See *Skin*, 313)

740. Flat Chest

Predisposition to Phthisis

Progressive Muscular Atrophy

741. Pterygoid Chest

Projecting shoulder-blade.

Cyphosis (812)

Landouzy - Déjérine Paralysis

Latissimus Dorsi, Slipped

Predisposition to Phthisis
both scapulæ

Serratus Magnus Palsy

742. Pigeon-Breast or Pectus Carinatum

Generally due to interference with lung expansion in childhood. It has been thought to predispose to phthisis.

Adenoids

Catarrhs, Repeated

Hooping Cough

Rickets

Tonsils, Enlargement of

743. Zonal Constriction (Harrison's Sulcus)

History of repeated catarrhs or of other impediments to inspiration, especially in rickety subjects with prominent abdomens.

744. Barrel-shaped

Emphysema

745. Angulus Ludovici

A prominence of the manubrio-sternal joint which thus forms a projecting angle.

Emphysema

746. Rosary Chest

Knobby enlargement at junction of ribs with costal cartilages.

Achondroplasia

Infantile Scurvy

*Rickets

747. Red Zone

Seen along the line of attachment of the diaphragm.

Ventricle, Dilated Right
if strained

748. BULGING

The shape of the chest is best ascertained by Dr. Gee's cyrtometer, which consists of a stretched piece of soft metal gas tube.

749. Of Entire Side

Cirrhosis of Lung

sound side

Empyema

Hæmothorax

Infiltrated Cancer of Lung

*Pleural Effusion

semicylindrical

Pneumothorax

Pleura, Cancer of

750. Circumscribed Bulging

Abscess, Hepatic (x)

„ of Chest wall

*Aneurysm of Ascending Aorta

intra-pericardial, right nipple;

extra-pericardial, fourth
right cartilage

Aneurysm of Transverse

Portion

above left clavicle

Caries of Sternum

Encysted Pleurisy

*Empyema, Pointing

‘Empyema necessitatis’

Heart, Hypertrophied

in children

Hernia of Lung

impulse on coughing

Hydatids of Lung

Mediastinal Abscess

above or at side of sternum

Mediastinal Tumour

Necrosis of Ribs

Osteomyelitis of Ribs

a sequel of enteric

Pyopneumothorax

Rickets (x)

Thymus, Enlarged

inspiratory sternal bulge

Tubercle of Ribs

Tumour of Chest-wall

(See also 751)

751. Præcordial Bulging

Most marked in children.

Acromegaly

inferior sternal

*Aneurysm (750)

Aortic Regurgitation (x)

„ Stenosis

Dilatation of Heart

Exophthalmic Goitre

Hypertrophy of Heart

Malformation of Heart

Mediastinal Tumour

Mitral Stenosis

slight

*Pericardial Effusion

Pneumopericardium

Pyopericardium (x)

752. Bulging of Right Hypo-
chondrium

Abscess, Hepatic

Enlarged Liver

Hydatids

Pleural Effusion (rt.)

753. Ewart's Sign

Prominence of sternal end
of left first rib

Pericardial Effusion

SHRINKING

754. Of Entire Side

The left side is normally smaller than the right.

Aneurysm

if occluding bronchus

Cirrhosis of Lung, II.

contraction stage

Collapse of one Lung**Empyema (x)****Hemiplegia****Infiltrated Cancer of Lung**

(x)

with collapse of air-cells

Mediastinal Tumour

if occluding bronchus

Pleurisy, Old*Pyopneumothorax (x)**

Shrinking may be caused or simulated by scoliosis (814).

755. Foveated or Funnel Chest

(' Trichterbrust ')

Lower sternal region.

Adenoids**Enlarged Tonsils****Nasopharyngeal Growths****Pericardial Adhesion****Pleurisy, Old Double****Rickets**

A similar depression, but lower, occurs in shoe-makers from the pressure of the last, 'cobbler's chest,' or 'Schusterbrust.'

756. Sternum Sunken

(' Thorax en bateau ')

Infantile Scurvy***Syringomyelia****757. Local Flattening****Bronchiectasis****Collapse of Lung****Contraction of Vomicæ****Fibroid Lung*****Phthisis**

infraclavicular

753. Rothschild's Sign

Preternatural flattening and mobility of the sterno-costal angle.

Phthisis, Early

INTERCOSTAL SPACES

759. Bulging Spaces**Empyema, I.****Hæmothorax (x)****Hydatids of Lung****Hydrothorax****Mediastinal Abscess**

pointing

Mediastinal Tumours***Pleurisy with Effusion****Pneumothorax****Pyopneumothorax****760. Spaces Retracted with****Inspiration****Asthma, Spasmodic****Cancer of Larynx**

SPACES RETRACTED WITH IN-
SPIRATION—*continued*

Cirrhosis of Lung

Collapse of Lung

*Diphtheritic Laryngitis

Emphysema

*Foreign Body in Air-passage

Occlusion of Bronchus

Œdema Laryngis

Paralysis of Diaphragm

epigastrium also

**762. Systolic Retraction of
Lower Ribs**

(‘Friedreich’s Retraction
Sign’ and ‘Solovieff’s
Phenomenon.’)

Hypertrophy of Heart (x)

*Pericardium Adherent to

Diaphragm

Tetany

763. Stiller’s Sign

Increased mobility of the
tenth rib.

Enteroptosis

764. Diaphragm High

*Ascites

Collapse of Lung

Contraction of Lung

Dilatation of Stomach

Paralysis of Diaphragm

Pregnancy

Tumours, Abdominal

Tympanites (1700)

**761. Præcordial Retraction of
Spaces**

Aortic Regurgitation

systolic

Mitral Stenosis

diastolic

*Pericardial Adhesion

systolic—apex, xiphoid car-
tilage, and epigastrium

Retraction of Lung

765. Diaphragm Low

Enteroptosis

Hypertrophous Emphysema

Hypertrophy of Heart

Mediastinal Tumours

Pericardial Effusion

*Pleural Effusion

Spasm of Diaphragm

**766. Diaphragm Phenomenon
Absent on One Side**

On looking obliquely at
the patient’s side from
a distance, the move-
ment of the lung where
it follows the descent of
the diaphragm should be
visible. This is termed
the ‘diaphragm phenome-
non’ or Litton’s Sign.

Cancer of Pleura

Cirrhosis of Opposite Lung

Cord Lesion, Unilateral

Empyema

Hydrothorax

Phrenic Paralysis

Pleuritic Adhesions

„ Effusion

Pneumonia

Pneumothorax

767. Impaired Chest Mobility

With or without belated expansion.

There should be a difference of not less than 2 inches in measurement between the inflated and the collapsed chest, the average being 2·4 inches. The expansion of the five lower ribs is caused by the diaphragm

Atelectasis

Bronchus, Occluded

Cancer of Lung

Cirrhosis of Lung

Empyema

Epilepsy

*Fractured Ribs

Hydrothorax

Intercostal Neuralgia

* „ Paralysis

* „ Rheumatism

Liver, Great Enlargement of

Mediastinal Tumour

Pericardium, Adherent

Phthisis

esp. under clavicle

Pleural Adhesion

Pleurisy, Acute

*Pleurisy with Effusion

Pneumonia

base

Pneumonic Consolidation

*Pneumothorax

Spasm of Glottis

„ of Respiratory

Muscles

Strychnine-poisoning

Tetanus

* * Also when the costal cartilages are ossified, as occurs sometimes in Exophthalmic Goitre (Bryson's Sign).

768. Enlarged Veins of Chest

The enlargement is bilateral when the obstruction is in one vena cava; unilateral when in one vena innominate.

Aneurysm of Aorta

Cancer of Breast

Dilatation of Heart

*Lactation

*Mediastinal Tumour

flow usually downwards

Mediastinitis, Chronic Fibrous

*Mitral Regurgitation

late

*Portal Obstruction or Thrombosis

flow upwards

Thrombosis of Vena Cava

„ of Vena Innominate

769. MAMMA

The nipple of a breast which is inflamed, tuberculous, or the seat of a tumour, stands at a higher level than the other. Adhesions to pectoral fascia or skin, and also puckers and dimples, point to advanced carcinoma. The hypodermic syringe will help in the diagnosis of a cyst.

770. Milk in Breasts

Acromegaly

Ectopic Gestation

Galactoceles

on squeezing swelling

*Lactation

Ovarian Cysts

Pregnancy

It is not uncommon in newly born infants, male as well as female, and has been observed in adolescent virgins and in sexagenarian women.

771. Milk, Abnormal

Black

Aspergillus niger

Blue

Bacillus pyocyaneus

Green

Actinomycosis

Purulent

Abscess

Red

Micrococcus prodigiosus or blood

Yellow

Jaundice

. Lead and arsenic poisoning may be transmitted by the milk.

772. Mammary Swelling

*Abscess, Mammary

„ Submammary

„ Tuberculous

Actinomycosis

*Adenoma

Carcinoma, Acute

‘peau d’orange’

Colloid (x)

*Cyst

often multiple

Encephaloid (x)

Enchondroma (x)

Fibro-Adenoma

This includes the ‘Painful Mammary Tumour.’

Galactocoele

Hæmatoma

Intestinal Stasis

mastitis

Lipoma

Lobular Induration

Mastitis, Interstitial

Osteoma

*Papilloma of Duct

Sarcoma

*Scirrhus

Tuberculous Growth

773. Oozing, Sanguineous

Cancer of Duct

Nipple, Cracked

Papilloma of Duct

Sarcoma

Vicarious menstruation
from the nipple is a well-
established rarity.

774. Oozing, Purulent

Abscess

Mastitis, Tuberculous

Sebaceous Cyst, Suppurat-
ing

**775. Pigmentation around
Nipples**

Ectopic Gestation

Ovarian Cyst

*Pregnancy

776. Paget's Nipple

Forerunner of cancer; but
now said to be cancerous
from the outset.

Axillary Glands, see 874.

777. PARACENTESIS OF CHEST

For diagnostic purposes, a sterilised hypodermic syringe will suffice, the skin having been surgically washed first. The puncture for the pleura is best made in the sixth or seventh interspace in the midaxillary line; for the pericardium, in the fifth space two finger-breadths from the left margin of the sternum (P5x in chart—Fig. 6). The specific gravity is lower in transudates than in exudates.

778. Air or Gas

Decomposition

Bacillus Aerogenes · Capsulatus; B. Coli.

Pneumothorax

Puncture of Lung

blood-stained bubbles

779. Serum or Clear Fluid

Acute Pleurisy or Pericarditis

sp. gr. over 1017, highly albuminous; polynuclear leucocytes

Cancer of Pleura or Cancer of Lung

'prune-juice' or greenish brown, but may be clear—albuminous

Hydatids

hooklets

Hydrothorax

sp. gr. under 1015, little or no albumen, endothelial cells

Nephritis,

Pleurisy, Tuberculous

albuminous; lymphocytes numerous after first few days

Portal Stasis

a little albumen

Rheumatism, Acute (x)

780. Pus

Abscess, Pulmonary, Hepatic or Subphrenic

bursting into pleural cavity—often putrid

Actinomycosis

greenish with yellow seed-like bodies

*Empyema

Gangrene of Lung

putrid

Hydatids, Suppurating

hooklets

Septicæmia

The organisms found in pus include Streptococci, Staphylococci, Pneumococci, B. Tuberculosis, B. Coli, B. Influenzæ, Amæba Coli, Actinomyces, and Hydatids (or hooklets).

781. Blood

Blood-stained froth indicates that the lung has been punctured.

Aneurysm, Bursting

Encephaloid Lung

or 'prune juice'

*Hæmophilia

*Myelosarcoma, Secondary

BLOOD—*continued*

Purpura

Scurvy

Trauma

including a wound from a
previous paracentesis

Tuberculous Pleurisy (x)

Particles of a growth are
sometimes found on cen-
trifuging after dilution.

782. Chyle

Pleura, Carcinoma of

Rupture of Thoracic Duct

783. Pfuhl's Sign

Inspiration *increases* the
force of flow in paracen-
tesis of Subphrenic Abs-
cess, but *lessens* it in that
of Pyopneumothorax.

PARACENTESIS PERICARDII

784. Clear in acute pericarditis
and hydrothorax.

785. Purulent in acute infec-
tion, abscesses, septic
cases, and tuberculosis.

786. Hæmorrhagic in cancer,
ruptured heart, aneurysm,
hæmophilia, purpura,
scurvy, and trauma.

787. PARACENTESIS ABDOMINIS

The pupeture for ascites is made half-way between the
umbilicus and the pubes. The abdomen should be supported
by a many-tailed bandage.

CHARACTER OF FLUID

788. Gelatinous

Colloid Growth

789. Clear

Ascites

thin, clear, and yellow

Cyst, Simple Renal

clear; no uric acid

Hydronephrosis

murexide test positive

Ovarian Cyst

viscid and green or brown

Parovarian Cyst

watery and colourless, or
sometimes brownish

790. Hæmorrhagic

Cancer

u of omentum

Peritonitis Acute

highly albuminous; sp. gr.
over 1015, as in other
inflammatory conditions

Peritonitis, Tuberculous

B. Tuberculosis (x), or
guinea-pig inoculation test

(See 1821)

791. Purulent

Peritonitis

Tuberculous Abscess

792. Gaseous (usually mixed)

Cancer of stomach or
 œsophagus; a vomica or
 wound penetrating the
 lung.

793. Chylous

Filariasis

Obstruction of Thoracic
 Duct

Rupture of Thoracic Duct
 Leukæmia, Myeloid (x)

794. Milky (not chylous)

Fatty Degeneration of endo-
 thelial or cancer cells.

795. Glycogenic

Watery and either colour-
 less or yellow. Turns
 starch into sugar.

Pancreatic Cyst

796. Hooklets

Hydatid Cyst

fluid watery and only
 slightly albuminous

Cases to be avoided are dis-
 tended bladder, hydro-
 nephrosis, and distended
 gall-bladder (not always
 showing bile).

797. Rivalta's Test

The presence of seromucin
 implies an inflammatory
 exudate. If a drop of a
 2 per cent. solution of
 glacial acetic acid is let
 fall into the fluid, a white
 cloud will form in the trail
 of the descending drop.

798. LUMBAR PARACENTESIS

The puncture is made on the level of the top of the third lumbar spine, a little to the side towards which the patient is lying.

CEREBRO-SPINAL FLUID**799. Normal**

In general when there is no
 organic lesion of the
 meninges.

Deep Cerebral Tumours

„ „ Hæmorrhages

Epilepsy

Hysteria

Peripheral Neuritis

Syringomyelia

800. Lymphocytosis(a) *Moderate*

(50 to 200 per cubic mm.)

Acute Softening

Alcoholic Meningitis, Chr.

Disseminated Sclerosis

General Paralysis

Hypertrophic Meningitis

Poliomyelitis, Anterior

fluid clear

Superficial Gummata

„ Tumours

Syphilis

LYMPHOCYTOSIS—*continued*(b) *Excessive*

Cerebro-spinal Meningitis

10,000 to 100,000 per cubic mm. plus Weichselbaum's diplococcus. Fluid turbid.

Tuberculous Meningitis

1000 per cubic mm. plus bacillus tuberculosis

* * * In fracture of the skull, blood is found; in Purulent Meningitis, pus; and in Tumour of the Brain sometimes sugar.

801. Spirochæta Pallida

General Paralysis

found too in the brain

Locomotor Ataxy

Syphilis

Congenital, primary and secondary. Less evident in tertiary syphilis.

802. Ross-Jones' Test

A greyish cobweb-like ring forms when a little clear cerebro-spinal fluid is

poured gently upon a saturated solution of ammonium sulphate. It is best seen against a black background.

Acute Infectious Diseases (x)

General Paralysis

Gummata

Locomotor Ataxy

Syphilis of Nervous System

803. Noguchi's Test

This depends upon the presence of globulin in the cerebro-spinal fluid in parasyphilitic diseases, and is used to distinguish General Paralysis from other forms of insanity.

804. Inoculation Test

Cerebro-spinal fluid taken several days before the appearance of paralytic symptoms and injected into a monkey, produces paralysis within seven days.

Poliomyelitis, Ant. Acute

805. PARACENTESIS CEREBRI

This, though it involves trephining, has been largely used by Prof. Pfeiffer for the diagnosis of abscesses, cysticerci, etc.

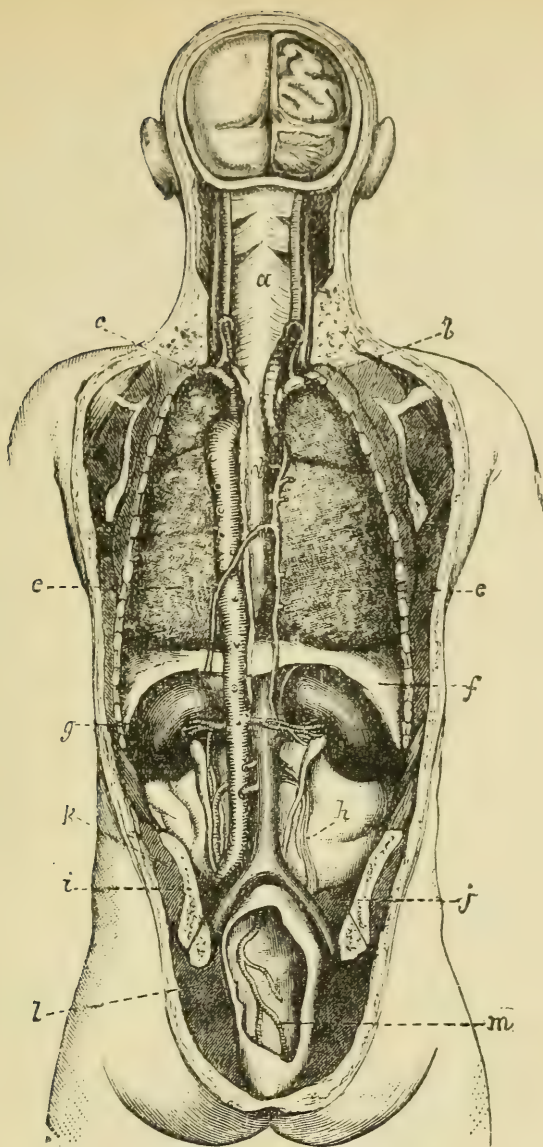


FIG. 7.—VIEW OF THE VISCERA, ETC., FROM BEHIND
(Treves after Rüdinger)

a, pharynx; *b*, innominate artery; *c*, subclavian artery; *d*, œsophagus, with the aorta and thoracic duct on one side and the azygos vein on the other; *e*, lungs; *f*, diaphragm covering liver; *g*, kidney; *h*, on peritoneum, points to spermatic vessels crossed by ureter; *i*, os innominatum above sacro-iliac synchondrosis; *j*, psoas; *k*, gluteus medius; *l*, gluteus maximus; *m*, rectum and superior hæmorrhoidal artery.

INSPECTION OF THE BACK AND SPINE

806. Stiffness

Ankylosis of Spine
 Caries of Vertebrae

***Lumbago**

Opisthotonos
 Paralysis Agitans
 Perinephritis
 Phthisis, Early
 Lorenz' sign

Rheumatism

esp. gonorrhœal

Rheumatoid Arthritis

Sacro-iliac Affections including 'Relaxation'

Senile Cyphosis

Spinal Tumour

Spondylose Rhizomélisque

***Sprain**

'Typhoid Spine'

* * Also some laborious occupations.

807. Lumbar Prominence

Abscess, Perinephric

„ Spinal

Aneurysm, Abdominal

„ Renal

Cancer of Colon

Emphysema, Interstitial

***Extravasation of Urine**

Hydatids of Kidney

„ of Liver

***Hydronephrosis**

Kidney, Rupture of

***Œdema (335)**

Perinephric Hæmorrhage
 u traumatic

Perinephritis

Pyonephrosis

Renal Cancer

Renal Sarcoma

Sarcoma, Retroperitoneal

808. Œdema, Lumbar***Anasarca (335)**

Landouzy-Déjérine Paralysis

Perinephritis

Purulent Spinal Pachymeningitis

livid swelling

809. Scapula Prominent

Aneurysm of Arch

left scapula

Lateral Curvature (814)**Pterygoid Chest (741)**

Serratus Palsy

810. Swellings on Back

Bursitis, Spinal

of 7th cervical — from weights

***Carbuncle**

often diabetic

Caries of Spine

Dislocation of Spine

Fracture of Spine

***Lipoma**

Sacro-iliac Disease

***Sebaceous Cyst**

Spina Bifida

Spinal Abscess

Spondylitis, Traumatic
 dorso-lumbar

**811. Rigidity of Erector Spinæ
 (Ramond's Sign)**

Pleurisy with Effusion

relaxing when fluid becomes purulent

CURVATURES OF THE SPINE

If friction is made over the spine, the position of the processes will be indicated by a beaded line.

812. Anterior (Cyphosis)

Acromegaly

Adenoids (slight)

Bronchitis (x)

*Emphysema

Friedreich's Disease

Idiocy

Mollities Ossium

Multiple Myoma

Occupation :

Cyclists

Gardeners

Porters

Shoemakers

Tailors

Osteitis Deformans

Paralysis, General

Paraplegia, Congen. Spastic

Poliomyelitis, Anterior

Progressive Muscular Atrophy

Rachitis Adolescentium

*Rheumatism

Rheumatoid Arthritis

Rickets

it disappears when the child
is lifted by its arms

Senility

Spondylitis, Traumatic

Spondylose Rhizomélisque

*Syringomyelia

813. Posterior (Lordosis)

*Abdominal Tumours

Achondroplasia

*Ascites

Cerebro-spinal Meningitis

Congenital Dislocation of
both Hips

Coxa vara, Double

Cretinism

Idiopathic Muscular Atrophy

Osteitis Deformans

Perinephritis

Poliomyelitis, Anterior

Postural Albuminuria

*Pregnancy

Progressive Muscular Atrophy (x)

Pseudo-hypertrophic Paralysis

Rheumatism

Rheumatoid Arthritis

Spastic Paraplegia (x)

Syringomyelia

814. Lateral (Scoliosis)

Anæmia

Back-Muscles, Weak

Caries, Vertebral
when one-sided

Cervical Rib

Coxa Vara
unilateral*Contraction of one Lung
from Cirrhosis, Old Pleurisy,
etc.

Diphtheritic Paralysis

Friedreich's Disease

*Hip Disease

Hysteria

Infantile Paralysis

LATERAL (SCOLIOSIS)—*contd.*

Leg, One Short

Mollities Ossium

Neuritis, Peripheral

Perinephric Abscess

towards affected side

Rickets

Sacro-iliac Disease

Sciatica, Old

Sprengel's Scapular Deformity

Syringomyelia

dorso-lumbar region, convexity to left

Torticollis

In children and adolescents it is often caused by the exclusive use of one arm for carrying (*e.g.* a baby).

815. Angular Curvature

Aneurysm of Desc. Aorta

*Caries of Spine

Cancer, Vertebral

Hydatids of Vertebrae

Mollities Ossium

Sarcoma, Vertebral

* * Spina bifida may deceive the tyro.

816. Entassement Vertebrale

Even collapse of the bodies of the vertebrae.

Malignant Disease of the Spine

817. Rotary Twist

Disease of Cerebellar Peduncles

The twist is also commonly associated with lateral curvature.

818. INSPECTION OF THE ABDOMEN

The abdomen is divided into the following regions: epigastric, right and left hypochondriac, umbilical, right and left lumbar, hypogastric, and right and left iliac. The two vertical lines dividing these spaces are drawn upwards from the middle of each Poupart's Ligament respectively; the two horizontal lines connect the tips of the tenth costal cartilages and the crests of the ilia. (See 737.)

819. Prominent Abdomen

Abdominal Tumours (1615)

Achondroplasia

Amyloid Disease

Appendicitis

„ Larvata

*Ascites

smooth with dependent
bulging; maximum cir-
cumference at level of
navel

Cirrhosis, Hypertrophic

Cœliac Disease

Colloid Omentum

Colon, Idiopathic Dilatation
of

Congenital Dislocation of
Hips

Cretinism

Dilatation of Stomach

towards umbilicus and left
side

Distended Bladder

sometimes enormous in
women

Enteric Fever

*Enteroptosis

‘pendulous belly’

Fatty Omentum

*Flatus

Gall Bladder, Distended

sometimes enormous

Hydatids, Large

Hydronephrosis

Intestinal Obstruction

„ Paralysis

Intussusception

Irritant-poisoning

Kidney, Large Cystic

Leukæmia, Splenic

Meteorism

Mongolian Imbecility

Ovarian Disease

maximum girth below navel

Pancreatic Disease

Paralysis of Abdominal
Walls

Peritonitis

esp. tuberculous form

Phantom Tumour

disappears under chloro-
form

Pneumoperitonæum

Pregnancy

Pseudo-hypertrophic Para-
lysis

Retention of Menses

*Rickets

Splenomegaly, Gross

Syphilitic Liver

Tabes Mesenterica

Uterine Fibroid

820. Auenbrugger's Sign

A pulsating prominence at
the epigastrium.

Pericardial Effusion

821. Accordion Abdomen

Swollen abdomen with flattening of diaphragmatic arch and quickened breathing. It disappears under anæsthesia.

Nervous Pseudotympany

822. Lineæ Albicantes vel Atrophicæ

Shiny, bluish white depressed lines with minute cross wrinkles. They are evidence of former prolonged skin stretching as from pre-existent—

Ascites

Cysts, Ovarian

Obesity

Pregnancy

Tumours, etc. (819)

823. Retracted or Scaphoid Abdomen

Cancer of Pylorus

Cerebro-spinal Meningitis

Cholera

Cyclical Vomiting

*Diarrhœa of Large Intestine

*Lead Colic

Meningitis, Simple

„ Tuberculous

Perforation of Bowel, I.

Peritoneal Adhesions

Pyloric Obstruction

from empty bowel

Stricture of Œsophagus

Tumours of Brain

Wasting Diseases (311)

824. Retraction with Inspiration

Asthma, Spasmodic

Collapse of Lung

Diphtheritic Laryngitis

*Foreign Body in Air-passages

Large Pleural Effusion

*Paralysis of Diaphragm

825. Retraction, Systolic Epigastric

Pericarditis, Adhesive

826. Recti, Divarication of

This is the result of old distension. (See *Lineæ Albicantes*, 822)

827. Rigidity of Abdominal Muscles

Abscess, Rupture of into peritonæum

*Appendicitis

right side. The rigidity of appendicitis is much lessened when a collection of pus has formed

Cancer of Liver

„ of Uterus

Colic (122)

„ Lead

Contusions of Abdomen

Cramps

Diaphragmatic Pleurisy

Enteric Fever

adherent ulcer or perforation

*Gallstone

right rectus

Hæmoperitonæum

Hepatic Abscess

Hepatitis

Intestinal Obstruction (1078)

Locomotor Ataxy

gastric crisis

Perforation of Stomach,

Bowel, Appendix or Gall

Bladder

**RIGIDITY OF ABDOMINAL
MUSCLES—continued**

Pericarditis
involving diaphragm
Peritonitis
Pneumonia
in children
Ulcer of Stomach
Vesical Calculus
lowest segment of rectus
In all forms of Colic and in
Locomotor Ataxy the
rigidity is paroxysmal
only.
When pre-existing rigidity
is absent one rectus may
be found hypertrophied.

828. Enlarged Superficial Veins

Due to venous obstruction
internally.

*Ascites, III.
Carcinoma
*Cirrhosis of Liver
Dilatation of Stomach
Liver, Great Enlargement
of
Mediastinal Tumours
Ovarian Cyst
*Portal Obstruction
current upwards
Sarcoma
Splenomegaly (1635)
Thrombosis of Iliac Veins
current upwards
Thrombosis of Vena Cava
Inferior
current upwards
Thrombosis of Vena Cava
Superior
current downwards

Tumours, Abdominal
,, of Liver

Epigastric Pulsation (See 287)

829. Visible Peristalsis

Right to left = Intestinal
obstruction
Left to right = Pyloric ob-
struction

Diarrhœa, Profuse
Dilatation of Colon, Con-
genital
,, of Stomach
Divarication of Recti
more visible only

Ileo-cæcal Obstruction
central and ladderlike

*Obstruction in Colon
,, in Small Intestine

Peritonitis, Old
Scars, Stretched

*Sigmoid Obstruction
course of colon

Stricture of Pylorus

* * I have shown in my work
on the physics of the large
intestine that, owing to
the small ileo-cæcal aper-
ture and the large cæcum
there is a real and powerful
hydraulic pressure when
the large bowel is full.
The force and obstruction
combined will necessarily
produce gyratory move-
ments—peristalsis or no
peristalsis. The same
effect is seen when a
garden-hose under full
pressure is trodden upon.

THE NAVEL OR UMBILICUS

The umbilicus is opposite the 4th lumbar vertebra; a point slightly to its left, and $\frac{3}{4}$ -inch below it, indicates the bifurcation of the aorta.

830. Displaced Upwards

Ascites

Ovarian Tumour
and outwards

Tuberculous Peritonitis

831. Retracted Navel

Obesity

832. Stretched Navel

Ascites

Colloid Omentum

Ovarian Tumours

Pregnancy till 7th month

833. Fixed NavelMalignant Disease of Liver
or Omentum
sometimes nodular**834. Projecting Navel**

Abscess

Ascites (x)

Cancer, Secondary
colon or omentum

Polypus

Portal Obstruction

Pregnancy after 7th Month

Tuberculous Peritonitis

sometimes red or œdematous

Tumours

Umbilical Calculus

,, Hernia

835. Oozing from Navel

Abscess

purulent

Congenital Umbilical Fistula
clear

Meckel's Diverticulum

if patent throughout, fæcal

Peritonitis, Tuberculous
purulent or fæcalUrachus, Patent
urinary**836. Caput Medusæ**Enlarged veins about navel
—rare

Portal Obstruction

837. Enlarged Glands in the Groin

Those above Poupart's Ligament draw their lymphatic vessels from the perinæum, external genitals, lower half of abdomen, loin, and inner side of the buttock. Those around the saphenous opening, from the lower limb and the outer side of the buttock.

In general, irritation within the above area, or systemic conditions.

Abrasions

Balanitis

Bites

*Blistered Heel

Boils

Burns

Cancer, Secondary

*Chancre, Hard

small and knotty; ∪ bilateral

Diphtheria

Ecthyma

Eczema

Epithelioma of Penis or Anus

Erysipelas

Glandular Fever

*Gonorrhœa

Hooping Cough

Intertrigo

Lymphadenoma

Measles

Pediculosis

Pelvic Cancer (x)

Plague

second to fifth day

Prurigo

Rötheln

Sarcoma, Melanotic

Scarlatina

Sepsis

*Soft Sore

large and tender; unilateral

Symmetrical Adeno-lipomatosis

Tuberculosis

Truss Irritation

Varicose Gland (filarial)

Varicella

*Wounds, Inflamed

838. Swelling about Groin

Abscess, Glandular

„ Iliac

Abscess, Psoas

thigh drawn up

Aneurysm

of Ext. Iliac

*Bubo

Carcinoma

Cysts

Dislocation of Hip

Glands, Enlarged

Hæmatocele of the Cord

Hernia, Femoral

*Hernia, Inguinal

„ Obturator

„ of Ovary

Hip Disease

Hydrocele of the Sac

Psoas Bursitis

Rider's Bone

Testis, Partially Descended

Tumour of the Cord

„ of Round Ligament

Sarcoma

839. Swollen Perinæum

Extravasation of Blood

„ of Urine

*Ischio-rectal Abscess

Perinæal Abscess

Prostrate, Enlarged

Testis in Perinæum

840. Perinæal Ulcers

Abscess, Perinæal

„ Prostatic

Chancre

Condyloma

Epithelioma

Fistula

Folliculitis

Gonorrhœa

in women

Prostate, Tuberculous

Trauma

INSPECTION OF THE LIMBS

841.—To determine whether these are of equal length, fix one end of a tape measure against the anterior superior spine of the ilium, and the other against the tip of the inner malleolus. For girth, the thickest part of the thigh and calf respectively should be selected. The arm may be measured from the acromion process to the base of the styloid process of the radius, the forearm being midway between pronation and supination. Transversely, the upper arm should be measured over the middle of the biceps, and the forearm about one inch below the olecranon.

842. Swellings of Soft Parts

Abscess

Aneurysm

Carcinoma

Cyst

Hæmatoma

Myoma

Myositis Ossificans

Ruptured Fascia

Sarcoma

Trichinosis

Multiple Myoma

Myelo-sarcoma

Osteitis

.. Deformans

Osteo-arthritis

Osteomyelitis

Periostitis

,, Syphilitic

circumscribed

Pulmonary Osteo-arthro-
pathy

*Rheumatoid Arthritis

*Rickets

epiphyses

Sarcoma, Periosteal

Schlatter's Disease

Scurvy

Syphilis, Congenital

Tubercle

Stiffness(See *Joints*, 915)**843. Swellings of Bone**

Achondroplasia

epiphyses

Acromegaly

'Aneurysm of bone'

*Cancer, Secondary

Cysts

Enchondroma

Epiphysitis, Acute

Erectile Tumours

Exostosis

Fibroma (x)

Gummata

Hydatids (x)

Infantile Scurvy

Leontiasis Ossea

844. Crepitus

Fractures

Synovitis and teno-synovitis
give a quasi-crepitant
feel; osteo-sarcoma of
the long bones, an 'egg-
shell crackling.'

845. Nodes

Enteric Fever
Erythema nodosum

*Exostosis

Scurvy

*Syphilis

846. Subcutaneous Nodules

Adiposis Dolorosa

Chorea

Gout

Ganglion

over tendon

Periarteritis Nodosa

over an artery

*Rheumatism in System

if near a joint

Rheumatoid Arthritis

near joints

Trigger Finger

847. Fragilitas Ossium

(Brittle Bones)

Blue Sclerotic (475)

Cancerous Cachexia

Carcinoma of Bone

Caries

Chloroma

*Disseminated Sclerosis

Disuse, Prolonged

Friedreich's Disease

*General Paralysis

Hemiplegia

Hydrocephalus

Infantile Paralysis

„ Scurvy

Insanity

Lateral Sclerosis, Amyo-
trophic

*Locomotor Ataxy

Multiple Myoma

Myelo-sarcoma

Osteogenesis Imperfecta

Osteomalacia

Phosphorus-poisoning

Rickets

Scurvy

Senility

Syphilis

*Syringomyelia

In 'Essential Fragilitas
Ossium,' the repeated
fractures of childhood
cease about puberty.

**848. Trochanter Displaced
above Nélaton's Line**

Congenital Hip Dislocation

Coxa vara

*Dislocation on Dorsum Ilii

Fracture of Neck of Femur

extra capsular

Nélaton's line is one drawn
between the anterior
superior spine and the
tuber ischii.

849. Allis' Sign

The fascia lata between the
crest of the ilium and the
trochanter major is re-
laxed.

Fracture of Neck of Femur

**850. Scarpa's Triangle, Swell-
ings in**

Abscess, Psoas

Bursa, Sub-psoas

Glands, Cancerous

„ Inflamed

„ Tuberculous

Hernia, Femoral

SCARPA'S TRIANGLE, SWELLINGS IN—*continued*

Hernia, Obturator
behind adductor longus

Testis, Ectopic

Tumours

fibroma, lipoma, sarcoma

Varix, Saphenous

851. Leg Lengthened

Dislocation of Hip down-
wards

Hip Disease, I. (?)

Hip Disease, Hysterical

Putnam's Sign

*Sacro-iliac Disease

852. Leg Shortened

The surgical condition may
be old.

Achondroplasia

Coxa vara

Cretinism

Congenital Dislocation of
Hip upwards

Dislocation of Hip upwards

*Fractured Femur

neck or shaft

Fracture of Tibia

*Hip Disease

Infantile Hemiplegia, Old

„ Paralysis, Old

Osteomyelitis, Old

853. False Shortening

Obliquity of pelvis.

*Hysteria

Lateral Curvature

Pelvic Cellulitis

854. Leg Curved

Achondroplasia

Cretinism

Fracture

Mollities Ossium

distorted

Osteitis Deformans

Osteogenesis Imperfecta

Osteomalacia

Osteomyelitis, Old

*Rickets

exaggerated normal curve

Syphilis, Hereditary

'sabre-blade shin'

One leg is apt to become
curved when the other
is shortened.

855. Scissor-Legs or Crossed-Leg Deformity

Ankylosis in Double Hip
Disease

*Double Coxa vara

Spastic Cerebral Paraplegia

856. Heilbronner's Breites Bein

Apparent broadening of
the thigh depending upon
hypotonia of the paralysed
muscles when the patient's
limb is on the mattress.

(Not present in functional
paralysis.)

857. Feet Enlarged

*Acromegaly

Pulmonary Osteo-arthritis

(See *Œdema*, 864.)

858. *Pes Arcuatus vel Cavus* (Claw Foot)

Chorea (x)

*Friedreich's Disease

the foot cannot be dorsally
flexed beyond a right
angle

Infantile Paralysis (x)

u unilateral

Paralysis, Int. Popliteal

Pseudo-hypertrophic Para-
lysis (x)

Spastic Paraplegia

Syringomyelia

Talipes equino-varus

„ equinus

Tetany

859. *Foot Everted*

Coxa vara

*Fracture, Pott's

*Fracture of Neck of Femur
more everted when extra-
capsular

Fracture of Tibia and Fibula

Hip, Dislocation into Fora-
men

„ „ on Pubes

Infantile Paralysis

Locomotor Ataxy

Peronæus, Slipped

Rickets

Spastic Paralysis

Talipes valgus

860. *Foot Turned-in*

Fracture of Neck of Femur
(x)

*Hip, Dislocation on Dorsum
Ilii

Locomotor Ataxy

Pseudo-hypertrophic Para-
lysis

Slipped Tibialis

Spastic Paraplegia

Talipes varus

anterior half

Tooth's Paralysis

861. *Toe Swollen*

Abscess

*Bunion

Bursitis

Cellulitis

*Chilblains

Erysipelas

*Gout

Mycetoma

*Rheumatoid Arthritis

862. *Popliteal Swellings*

The glands receive the deep
lymphatics of the leg,
knee, and foot. No lym-
phatic glands are found
below this space.

Abscess

under fascia

*Aneurysm

Bursæ

that under the semi-mem-
branosus communicates
with the knee-joint

Cyst, Baker's

Enlarged Glands

Epiphysis, Separated

Exostosis, Cancellous

Lipoma

Myelo-sarcoma

Periostitis

Sarcoma, Periosteal

863. Œdema of One Foot and Leg

When one leg is swollen
the cause is usually local ;
when both, constitutional.

Aneurysm, Femoral

„ Popliteal

*Cellulitis

Dissecting Aneurysm

Erysipelas

Erythema Nodosum

Gout

Kidney, Cancer of

Milroy's Disease

Mycetoma

Osteomyelitis

Periostitis

*Phlebitis

Phlegmasia Alba Dolens

„ left leg

Stings

Thrombosis

*Varicose Veins

deep or superficial

. Tight garters or bandages
will cause it.

864. Œdema of Both Feet

Acute Ascending Paralysis

*Abdominal Tumours

Anæmia

*Anasarca (335)

Aneurysm, Abdominal

Ankylostomiasis

Beri-beri (shins)

Bothrioccephalism

Cachexia

Cœliac Disease

Chlorosis

*Cirrhosis of Kidney

„ of Lung

Dilatation of Heart

Emphysema

Essential Dropsy of Children

Exophthalmic Goitre

Fatty Degeneration of Heart
(x)

Hæmorrhage, Profuse

Leukæmia

Menorrhagia

Milroy's Disease

sharply demarcated

*Mitral Disease

Myxœdema

Nephritis

Ovarian Cyst

Peritonitis, Chronic

Pernicious Anæmia

Phthisis, II.

Pregnancy

Pseudo-leukæmia Infantum

Retroperitoneal Sarcoma

Scurvy

Splenic Anæmia

Thrombosis of V. Cava

Trichinosis

Trypanosomiasis

Tuberculosis

Urticaria

. Excess of salt in the food
will produce œdema. It
is common in conva-
lescents upon first getting
up.

(See *Anasarca*, 335)

865. Varicose Veins

Aneurysm, Abdominal

*Pregnancy

Sigmoid, Loaded

*Standing Occupations

Thrombosis

Tumours, Abdominal

„ Pelvic

866. Perforating Ulcer of Foot

Diabetes
 General Paralysis
 Leprosy
 *Locomotor Ataxy
 Peripheral Neuritis
 Syphilis
 Stryngomyelia

867. Hallux Erectus

Hyperextension of great toe.

Flexor Tendon, Severed

*Friedreich's Disease

868. Gangrene and Phalangeal Necrosis

Gangrene is dry when due to blocked arteries alone; moist, when the veins or both veins and arteries are blocked.

Anthrax

*Arterio-sclerosis
 Arteritis, Obliterative
 Beri-beri

Burns

*Diabetes
 Embolism

*Ergotism
 Exophthalmic Goitre

Frostbite

Glanders

Hysteria

Injuries

Leprosy

*Morvan's Disease
 painless whitlows, etc.

Neurasthenia

Plague

*Raynaud's Disease
 symmetrical

*Senility

Snake-poison

Stryngomyelia

Thrombosis

Wounds, Crushed

Tight bandages or splints
 may produce gangrene.

869. Pad on Dorsum

Yellow-wax-like

Rickets

870. Cold Extremities

*Ague (cold stage)

*Anæmia

Aneurysm

Arterio-sclerosis

Arteritis

Cholera

Collapse (235)

Concussion of Brain

Cyanosis (396)

*Dilatation of Heart

Ergotism

Frostbite

Gangrene, Senile

Hypothyroidism

Intestinal Stasis

Locomotor Ataxy

Malformation of Heart

Mitral Disease

Neurasthenia

Paralysis

*Raynaud's Disease

Stomach, Atony of

Stryngomyelia

affected limb

Tooth's Paralysis

871. Digniti Mortui

‘Dead fingers.’

Arthritis, Rheumatoid
præmon.

Cardiac Disease

Hæmoglobinuria, Paroxys-

Locomotor Ataxy [mal

Nephritis, Chronic

Sclerodermia

872. Œdema of Arm

The arms of stout women near the menopause frequently become œdematous without organic cause. Sometimes the dress compresses the axillary veins.

Aneurysm of Aorta
transverse

Aneurysm of Axillary
,, of Innominate

*Cellulitis

*Erysipelas

Glands, Enlarged Axillary

Hysterical Œdema
(hands—not pitting)

Mediastinal Tumour

Mediastinitis

Mycetoma

Myositis

*Stings

Thrombosis

Trichinosis

*Urticaria

(See *Anasarca*, 335)

873. Axillary Swellings

*Abscess

,, Tuberculous

Accessory Mammæ

Adeno-lipomatosis

*Affections of Glands

Aneurysm

Hygroma, Cystic

*Lipoma

*Sebaceous Cyst

874. Enlarged Axillary Glands

The pectoral chain of glands receives its lymphatic vessels from the mamma and the front of the chest; the subscapular group from the back; and the central series from the arm, hands, thumb, and index finger. They swell from local irritation in the above areas or from systemic conditions.

Acute Infectious Diseases

Blister, Inflamed

Boils

Cancer of Breast, II.

,, of Bone

Diphtheria

Ecthyma

Erysipelas

Glandular Fever

Hangnail, Septic

Hooping Cough

Leukæmia

*Lymphadenoma

Lymphosarcoma

Measles, I.

Parotitis

Plague, Bubonic (x)

Rötheln

Sarcoma, Secondary

Scarlatina

*Sepsis

Symmetrical Adeno lipoma-
tosis

AXILLARY GLANDS—*continued*

Syphilis

Varicella

*Wound, Inflamed

** Those secondary to cancer of the breast appear occasionally in the *opposite* axilla.

875. Shoulder Swellings

*Bursa, Enlarged

Cancer

Dislocations

Fracture of Acromion

,, of Clavicle

,, of Neck of Humerus

Separated Epiphysis

*Synovitis

Tumours

876. One Shoulder Raised

Cirrhosis of one Lung

*Lateral Curvature (814)

Pleurisy, Old

Sacro-iliac Disease

*Sprengel's Deformity

Syringomyelia

877. Enlarged Epitrochlear Gland

The lymphatics come from the forearm, hand, and three inner fingers. No lymphatic glands are found in the forearm below this.

Chancre, Digital

Hereditary Syphilis

Rheumatoid Arthritis

Still's Disease

Whitlow

878. Gaertner's Vein Phenomenon

The veins of the arm are watched when the arm is raised to different angles. The result is said to be a guide to the pressure in the right auricle and consequently to the degree of compensation present.

879. Ulnar Nodes

Erythema Nodosum

Gummata

880. 'Silver Fork Wrist'

So called from the curve.

Colles's Fracture

Dislocation of Wrist

** Chauffeur's Fracture is higher up than Colles's.

881. Arm Shortened

Achondroplasia

Dislocation Upwards

Fracture of Humerus

with displacement

Infantile Hemiplegia

,, Paralysis

THE HANDS

882. Manus Valga or Madelung's Deformity

The radius is bowed outwards and the hand adducted. It is due to irregularity of growth at the lower radial epiphysis.

Central Nervous Disease

Rickets

Trauma

883. Seal-Fin Deformity

The hand is deflected ulnarwards

Osteo-Arthritis

Rheumatoid Arthritis

884. Hand Enlarged

Acromegaly

Pulmonary Osteo-arthritis

Syringomyelia (x)
cheiromegaly

885. Swollen Hand

'Beat Hand'

Cellulitis

Erysipelas

Gout

Hysterical Œdema

Mycetoma

Stings

Thrombosis

Trichinosis

(See *Œdema*, 335)

886. Spade Hand

Cretinism

Mongolian Imbecility

Myxœdema

887. Claw Hand (Main-en-griffe)

The first phalanges are over-extended, the others over-flexed.

Amyotrophic Lateral Sclerosis

*Friedreich's Disease

or 'main bote'—over-extended terminal phalanges

Pachymeningitis, Cervical

Poliomyelitis, Anterior
adults

Progressive Muscular Atrophy

Rib, Cervical

Syringomyelia

s. 'succulent hand'

*Tetany

Tooth's Paralysis

*Ulnar Paralysis

Dupuytren's disease simulates this, but is distinguished by the palmar fascia being contracted.

888. Ape Hand

Claw hand plus inability to oppose the thumb.

Median Nerve Paralysis

Progressive Muscular Atrophy

889. Preacher's Hand

Claw hand plus hyper-extension of the wrist.

Pachymeningitis, Cervical

The wrist is hyper-extended in Progressive Muscular Atrophy.

890. Accoucheur's Hand

A conical arrangement of the fingers.

Athetosis

Cramps (x)

Tetany

(See *Trousseau's Phenomenon*, 1432)

891. Dupuytren's Contraction

The first and second phalanges are flexed, the third extended. A dense ridge passes from the palmar fascia to the bent fingers.

Diabetes

Gout

Neurosis

It is found in gardeners, sculptors, carvers, and others who are subject to palm pressure.

892. Heberden's Nodes

A knobby enlargement of the terminal phalanges at their proximal extremities. They are specially liable to appear at the menopause, and are often merely signs of hard manual labour.

Gout

Osteo-arthritis

Toxæmia, Intestinal

893. Haygarth's Nodes

The enlargement is fibrous only.

Rheumatism, Chronic

894. Koplik's Stigma of Degeneration

Prominence over pisiform bone

Cretinism, Sporadic

Wrist Drop. (See 1323)

895. Clubbed or Drum-stick Fingers

Digitus Hippocraticus.

Aneurysm of Aorta (x)
or Axillary Artery
unilateral

Banti's Disease

Cirrhosis, Hanot's

„ of Lung

Dyspncea, Chronic (1223)

Emphysema

Empyema

may disappear after paracentesis

Fibroid Lung

Malformation of Heart

*Phthisis, I.

Pleurisy, Old

Pulmonary Osteo arthropathy

896. Camptodactylia

A fixed painless flexion of the middle and terminal phalanges of the 4th and 5th fingers, the palmar fascia being unaffected.

Arthritis, Early

897. 'Camptodactylia, Limited'

Extension of ring and little fingers

Tuberculosis, Pulmonary

898. Fingers Bent

Achondroplasia

two inner fingers inwards,
two outer fingers out-
wards ('Trident Hand')

Cervical Rib

Paralysis, Ischæmic

Mongolian Imbecility

little finger curved

Tendon, Divided Opposing

899. Finger Swollen

*Abscess

Achondroplasia

and shortened

Acromegaly

broadened

Cellulitis

*Chilblains

Dactylitis, Syphilitic

Erysipelas

Foreign Body

*Gout

Pulmonary Osteo-arthro-
pathyshafts of long bones
thickened

*Rheumatoid Arthritis

spindle-shaped joints

Sclerodactylia

Syphilitic Dactylitis

Tubercle of bone

spina ventosa

900. Finger-tips Red and Swollen

*Chilblains

Erythromelalgia

Hysteria

Locomotor Ataxy

Lupus Erythematosus

Neurasthenia

*Onychia

Whitlow

901. Garrod's Finger Pads

Swelling the size of a split
pea on interphalangeal
knuckles.

Dupuytren's Contraction

early or præmon. stage

Osteo-arthritis

902. THE NAILS

The finger nails take about six months to grow, the toe nails about eighteen months.

903. Cyanosed

- *Ague (cold stage)
- Dyspnœa (1223)
- Emphysema
- *Malformation of Heart
- Mitral Disease
- Phthisis
- Raynaud's Disease
- Syringomyelia
- Xerodermia pigmentosum
- (See *Cyanosis*, 396)

904. Brittle (*Onychorrhaxis*)

- Chancre, Primary
- Cheiopompholyx
- Eczema
- surface pitted
- Exophthalmic Goître
- Favus
- Gout
- Hyperidrosis
- 'egg-shell' nail

Leprosy

- *Neuritis
- Onychomycosis
- Pellagra
- Pulmonary Osteo arthro-
- pathy
- Psoriasis
- Raynaud's Disease
- Rheumatoid Arthritis
- Sclerodermia
- Syphilis
- Syringomyelia

905. Nails Shed

A common cause is desquamation.

- Alopecia Universalis
- Diabetes
- Enteric Fever
- Epidermolysis Bullosa
- Gonorrhœa (x)

*Injury

- Leprosy
- Locomotor Ataxy
- Morvan's Disease
- Onychia

- Pemphigus Foliaceus
- Pityriasis Rubra

*Psoriasis

- Ringworm, Ungual
- Scarlatina

*Syphilis

- Whitlow

906. Incurved Nails

- Diabetes and other Wasting Diseases

907. Grooved Nails

- Alopecia
- Arsenic-poisoning
- or a white transverse line

*Eczema

- Exophthalmic Goître
- Gout
- Insanity
- Leprosy
- Neurasthenia
- Neuritis

GROOVED NAILS—*continued*

Pemphigus Foliaceus

Pityriasis Rubra

Psoriasis

Pulmonary Osteo-arthro-
pathy

Whitlow, Old

* * * Transverse lines, indicative
of a recent illness, are
known as Beau's Lines.

**908. Enlarged and Thickened
Nails**

Acromegaly

Hyperidrosis

Ichthyosis

*Keratosis

Onychogryphosis
horn-like

Pemphigus Foliaceus

Pityriasis Rubra

Psoriasis

Ringworm, Ungual

Scleronychia

Syringomyelia

909. Ulcers around Nails

Chloral Habit

Ingrowing Toe Nail

Injuries

*Syphilis, Primary

,, Tertiary

Trauma

Tuberculosis

910. Koilonychia

'Spoon nails.'

Acute Wasting

Eczema

Scurvy

Senile Decay

Subungual Hæmorrhage

911. 'Reedy' Nails

Arsenic-poisoning

*Gout

Irritation, Local

Nail Biting

Raynaud's Disease

912. Quinke's Sign

Rhythmic reddening and
blanching of the finger
nails.

Aortic Regurgitation

913. THE JOINTS]

When much fluid is present, crepitation is replaced by fluctuation, and this disappears when the tension is very great. To feel crepitation, the joint should be grasped while the patient extends and flexes it.

914. Swollen

Achondroplasia
relative

Antitoxin (x)

Beat Knee
below patella

Cerebro-spinal Meningitis

*Charcot's Joint

esp. knee—painless

Cyst, Morrant Baker's
circumscribed swelling

Dengue

Diphtheria (x)

Dysentery

Fracture into Joint

Gonorrhœal Arthritis
often monarticular

Glanders

Gout
great toe

Hæmophilia
sudden onset

Hereditary Syphilis

Hydrops Articuli

Hysterical Joint

Infantile Scurvy
about large joints

Influenza (x)

Intermittent Hydrarthrosis

Locomotor Ataxy
Charcot's Joint

Loose Cartilage
intermittent

Malta Fever

Osteitis, Acute Articular

Osteo-arthritis
irregular bony growths

Osteomyelitis Acute (x)

Peliosis Rheumatica

Pneumococcal Arthritis
monarticular

Puerperal Fever

Pulmonary Osteo-arthro-
pathy

Purpura Hæmorrhagica
„ Henoch's

Pyæmia

*Rheumatism, Acute
wandering

Rheumatoid Arthritis
fusiform

Scarlatinal Arthritis

Scurvy

Septic Arthritis
not wandering

*Synovitis, Acute
„ Tuberculous

boggy swelling

Syphilis, Congenital
separated epiphyses, etc.

Syphilitic Arthritis
monarticular

Syringomyelia
upper limbs

Trichinosis

SWOLLEN—continued

Uræmia (x)

Typhoid Arthritis

Variola (x)

** Exclude bursæ.

915. Stiff Joints

Abscess near Joint

*Adhesions

Appendicitis

right abdominal muscles
and hip

Ankylosis

Antitoxin (x)

Arthritis Ossificans

Pneumococcal
'Beat Knee' or 'Elbow'

Cancer

Caries of Spine

Displaced Cartilages
joint may lock

Disuse

*Fibrositis

Gonorrhœal Arthritis

*Gout

Hysterical Joint

Injuries

Lichen ruber

Myositis Ossificans

*Pelvic Cellulitis

one thigh

Perinephritis

Peritonitis

Phlebitis

Polymyositis

Pulmonary Osteo-arthro-
pathy

*Rheumatism

*Rheumatoid Arthritis
moderate

Sclerodermia

Spondylose Rhizomélisque
spine, shoulder, and hipSynovitis, Simple or Tubercu-
lous

Syphilitic Arthritis

*Synovial Effusion

Trichinosis

Tuberculous Joint

Ulceration of Cartilage

** Rigidity must not be mis-
taken for stiffness (see
1406)**916. Creaking Joints**

Charcot's Joint

Morvan's Disease

Myxœdema

Osteitis Deformans

Osteo-arthritis
marked grating (1802)

Rheumatism

Rheumatoid Arthritis

Synovitis, I. and III.
'snow crunching'**917. Distorted or Contracted
Joints**

Caries of Epiphysis

Coxa vara

Dislocation

Epiphysis, Separated

Fracture

Genu retrorsum

,, valgum

,, varum

Locomotor Ataxy

Osteitis Deformans

Osteo-arthritis
marked

Rachitis Adolescentium

Rheumatoid Arthritis
moderate

Rickets

918. Genu Retrorsum (Hyper-extension)

To detect this, the patient should lie on the back while the foot is raised and supported and the knee pressed down.

Congenital Paralytic Club Foot

Deformity of Opposite Leg
Infantile Paralysis

*Locomotor Ataxy
Charcot's Disease

Myelitis, Chronic
with atrophy

Rickets, Advanced
Rudimentary Patella
Syringomyelia

919. Suppurating Joints

Arthritis, Secondary

„ Septic

cerebro-spinal meningitis, pneumonia, scarlatina, variola

Gonorrhœa (x)

Pyæmia

920. Tailor's Rotation

Coxa vara

Absent in M. coxæ

921. THE GENITAL ORGANS.

922. Priapism

This may occur at any age ;
a similar condition obtains
in the clitoris.

Ascarides

Calculus of Bladder

„ Urethral

Cantharides-poisoning

Circumcision

sequel

Convalescence from Acute
Disease

Cord, Injury to
upper dorsal segments

Distended Bladder

Epilepsy (præm.)

*Gonorrhœa

Hæmorrhage in Middle Lobe
of Cerebellum

Hæmorrhoids

Hydrophobia

Lesion of Pons

Leukæmia

*Loaded Rectum

Myelitis

Oxaluria

Prostatic Disease

Spinal Meningitis

Tetanus

Thrombosis of C. Caver-
nosum

Urethritis, Simple

„ Gouty

Action of cantharides,
camphor, cannabis indica,
damiana, phosphorus,
strychnine, turpentine.

923. Penile Ulceration

Balanitis

Chancre, Hard

dry, solitary, with indurated
base ; long incubation

Chancre, Soft

multiple, purulent, soft base ;
short incubation

Epithelioma

Gummatous Ulcer

yellowish sloughy base

Herpes Progenitalis

a festooned margin ; pre-
ceded by small vesicles

Lupus

Tuberculous Ulcer

shallow, with overhanging
edges

Varicella

Variola

The two forms of chancre
may be contracted sim-
ultaneously and, further,
a hard sore may, by
becoming septic, suppu-
rate and so simulate a
soft sore.

924. Urethral Discharge

Catarrh

Chancre in Urethra

Foreign Body

*Gleet

*Gonorrhœa

Gumma in Urethra

Herpes, Urethral

Papilloma

Præputial Calculus

URETHRAL DISCHARGE—*contd.*

Prostatitis
Tubercle, Local
Urethral Soft Sore
Urethritis

925. Spermatorrhœa

Ascarides
Loaded Rectum
Locomotor Ataxy
Masturbation
Myelitis, Transverse
Neurasthenia
Venereal Excess

** Normal at intervals in
celibates.

926. Swelled Testicle

Abscess
Cancer
*Cystic Disease
Enchondroma
*Epididymitis
Malta Fever
*Orchitis, Simple
Orchitis, Syphilitic
 painless, u bilateral, epidid-
 ymis unaffected
Orchitis, Tuberculous
 begins in epididymis
Sarcoma
Torsion of Cord
Tumours

927. Impotence

The spermatozoa may be
few (oligospermia), absent
(aspermia), or motionless
(necrospermia).

Amyotrophic Lateral Scle-
rosis

Ataxic Paraplegia

early

***Atrophy of Testes**

Bromism
Cachexia
Cord, Compression of
Dementia
Diabetes
General Paralysis

 but powers exalted at first

Lead-poisoning

***Locomotor Ataxy**

Myelitis, Transverse
Neurasthenia
Pernicious Anæmia
Pituitary Tumour

eunuchism

Primary Spastic Paraplegia

Progressive Muscular Atro-
phy

Seminal Vesiculitis, III.

Senility

Testicles, Atrophy of

Varicocele (x)

Venereal Excess

In another category are
mechanical impediments
such as elephantiasis, the
premature seminal emis-
sions of nervousness, etc.

928. Pendulous Testicles

Debility

Diabetes

Impotence (927)

Locomotor Ataxy

Masturbation

Sexual Excess

Spermatorrhœa

929. Scrotal Swelling

Abscess, Urethral

*Anasarca (335)

Bites of Insects

Cancer, Encephaloid

Chancre

Condyloma

Cyst, Sebaceous

Elephantiasis

‘lymph scrotum’

Epithelioma

(‘chimney-sweep’s cancer’)

Emphysema

Erysipelas

Hæmatocele

opaque; onset sudden

Hernia, Congenital

,, Inguinal

,, Scrotal

Hydatids (x)

*Hydrocele

translucent; onset gradual

Hydrocele, Encysted

Œdema

Papilloma

Testicular Swellings (926)

Tumours

Varicocele

Sometimes connected with a
renal tumour.**930. Scrotal Fistula**In advanced gummatous
or tuberculous cases there
may be ‘fungating hernia
testis.’

Abscess

Extravasation of Urine

Gumma

Tuberculous Testis

931. Vulva, Swelling of

*Abscess

Anasarca (335)

Angioma

Bartholinitis

Boil

Cancer

Caruncle

Chancre

Condyloma

*Cyst, Dermoid

,, Sebaceous

,, Simple

Diphtheria

Elephantiasis

Epithelioma

Erysipelas

Fibroma

Gonorrhœa

Hæmatocele

Hernia

,, Perinæal

Hypertrophy

Hydrocele of Canal of Nuck

,, of the Sac

Kraurosis Vulvæ

Lipoma

Lupus

Papilloma

Sarcoma

Trauma

Varix

Vulvitis

,, Membranous

Warts

932. Jacquemier’s Sign

Blueness of vaginal mucosa.

Pregnancy

from 12th week

933. Abderhalden's Dialysis Test

Pregnancy

Some doubt has been thrown upon the value of this test. In any case, it is very difficult to carry out.

934. Placentin Test

Pregnancy

The results are very promising up till now; but it is still in the experimental stage.

935. Sterility, Female

The proportion of infertile to fertile marriages within the child-bearing age is 1 to 8; in 75 per cent. the cause lies with the female.

Absence of Vagina or Uterus

Atresia of Vagina

Carcinoma (x)

Cervical Catarrh

Contracted Os

Cystocele

Elongated Cervix

Endometritis

Fibroids

Funnel-shaped Vagina

Hyperinvolution

Imperforate Hymen

Malnutrition

Metritis, Chronic

Obesity

Oöphoritis

Ovarian Atrophy

„ Cancer

„ Cyst

„ Fibroid

Peritonitis, Old

Polypus

Prolapsus Uteri

Retroflexion

Salpingitis

Sarcoma

Uterus Bicornis

„ , Cochleate

„ , Infantile

Vaginismus

936. URINATION OR MICTURITION

937. Frequent

Ague (præm.)
 Angina Pectoris
 Antelexion
 Ascarides
 Azoturia
 Blood-clots in Bladder
 Calculus, Vesical
 esp. by day
 Cancer of Bladder
 Cantharides
 *Cirrhosis of Kidney
 *Cystitis
 Diabetes insipidus
 „ mellitus
 Dysentery
 Dysmenorrhœa
 *Emotions
 Fistula in Ano
 Foreign Body in Bladder
 Gonorrhœa
 posterior
 Gout (præm.)
 Gravel
 Hæmorrhoids
 Hydronephrosis
 Hyperæsthesia of Bladder
 Hypertrophy of Bladder
 Loaded Rectum
 Movable Kidney
 with torsion
 Nephritis, Chronic
 Neuralgia of Bladder
 Neurasthenia
 Ovarian Cyst
 while pelvic
 Over-purgation
 Peritonitis, I.

Phimosis

Proctitis, Acute

Prolapse of Bladder

Prolapsus Uteri

Prostate, Enlarged

 esp. at night

Pyelitis, Chronic

Pyosalpinx

Renal Colic

*Retention with Incontinence

Salpingitis

Stricture of Urethra

Sunstroke

 præmon.

*Tuberculous Bladder

 esp. by night

Tuberculous Kidney or
 Urethra

Tumour of Bladder

Ulcer of Bladder

Urethral Caruncle

Urethritis, Posterior

Uterine Congestion

 „ Fibroid

Villous Growth

Also excessive acidity of the
 urine, exposure to cold,
 and nervousness.

938. Incontinence of Urine

The best test for incontinence is the inability to interrupt the stream half-way. It is normal in infants up to the age of 12 to 15 months. Incontinence is not inconsistent with a full bladder.

INCONTINENCE OF URINE—

continued

Anæsthesia of Bladder

nocturnal

Apoplexy

Ascarides

Ataxic Paraplegia

Atony of Bladder

Atrophy, Senile

Cerebral Tumour

Coma

Compression of Cord

Cystitis (x)

Cystocele

women

Disseminated Sclerosis

esp. sacral form

Enuresis Ureterica

ureter opening into urethra

Epilepsy

nocturnal

Erb's Spinal Paralysis

Fright

General Paralysis, III.

Infantile Paralysis (x)

Locomotor Ataxy

Meningitis, Cerebro-spinal

„ Chronic Spinal

Myelitis, Chronic

Neurasthenia

esp. traumatic form

*Over-distension of Bladder

‘retention with incontinence’

Oxaluria

u nocturnal

Paralysis of Neck of Bladder

Paraplegia

Phimosis

Phosphaturia

Prostatitis

Purulent Spinal Pachymeningitis

Pyuria

u nocturnal

Shock

Softening of Cord, Transverse

Spastic Paraplegia

Spina bifida (x)

Spinal Apoplexy

„ Concussion

„ Meningeal Hæmorrhage

Super-acid Urine

Syph. Spinal Paralysis

Typhic State (62)

Uric Acid Excess

Venereal Excess

This symptom is absent in multiple neuritis, lateral sclerosis, poliomyelitis, and, practically, in hysteria. In spastic paraplegia, it is generally replaced by ‘precipitate micturition.’

939. Enuresis

Involuntary micturition due to spasm of the detrusor muscle. It is chiefly nocturnal.

Adenoids

Balanitis

Epilepsy

Fissure of Anus

Fæcal Accumulation

Hypothyroidism

Oxaluria

Phimosis

Rheumatism

Vulvitis

Worms

940. Retention of Urine

Atony of Bladder
Caisson Disease
Catarrh of Bladder
Coma
Diphtheritic Paralysis
Dysentery
Gonorrhœa, Acute
Hysteria

*Impacted Calculus, Clot, or Foreign Body

Locomotor Ataxy
Meningitis, Cerebro-spinal
,, Internal Spinal
Myelitis, Chronic

Obstruction of Ureters
Paralysis of Bladder

*Pericystitis

Peritonitis, II.

Prostate, Enlarged

Rectum, Impaction in
Softening of Cord, Transverse

*Spasm of Urethra

Spastic Paraplegia

Spina bifida (x)

Spinal Meningeal Hæmorrhage, I.

*Stricture of Urethra

Syph. Spinal Paralysis

Tumour of Bladder

Urethritis

941. Painful Micturition

Concentrated or very acid urine produces a burning sensation.

Balanitis

Calculus, Ureteral
impacted in orifice

Calculus, Vesical
esp. in children

*Cystitis

Enlarged Prostate

Foreign Body in Urethra

*Gonorrhœa

Neuralgia of Bladder

Pelvic Peritonitis

Pyelitis

Sacro-iliac Disease

*Stricture

Tuberculous Bladder
cramp like

Urethra, Tuberculous

Urethral Caruncle

,, Chancre

Urethritis

When micturition is followed by a pricking sensation in the glans, there is some irritation of the trigone.

942. Difficult Micturition (Dysuria, Tenesmus, or Strangury)

Acrid Urine

Appendicitis (x)

*Calculus, Vesical

Cancer of Bladder, Cervix, or Prostate

Compression of Cord

Concussion, Spinal

*Congestion of Kidney

cantharides, turpentine, etc.

*Cystitis

Dysentery

Dysmenorrhœa

Fungoid Bladder

*Gonorrhœa

Gravel

Hæmorrhoids, Inflamed

Lithæmia

Locomotor Ataxy

DIFFICULT MICTURITION (DYSURIA, TENESMUS, OR STRANGURY)—continued

Metritis, Acute
Myelitis
Neuralgia of Bladder
Ovarian Cyst
Paralysis of Diaphragm
Pelvic Cellulitis

„ Peritonitis

„ Tumour

*Perinæal Abscess

*Phimosis

Phosphaturia

Polypus of Bladder

Prolapsus Uteri

Proctitis

*Prostate, Enlarged

Prostatitis

Pyelitis

Spasm of Urethra

*Stricture, Advanced

Tumour of Bladder

Ulcer of Bladder

Urethral Chancre

Urethritis

Variola or Varicella

vesicles in urethra

Vulvitis

943. Diminished Stream

Atony of Bladder

small and slow

*Impacted Calculus or Clot

Meatus, Contracted

*Phimosis

*Prostate, Enlarged

slow and feeble

Prostatitis

*Urethral Stricture

944. Interrupted Stream

*Calculus

Clot

Cystitis

Foreign Body or Mucus

Pendulous Tumour of
Bladder

Spasm of Sphincter

Villous Tumour

945. Suppression of Urine or

Anuria

Abdominal Aneurysm

„ Tumour

Abscess, Renal

Calculus, Urethral or Renal

Cancer of Bladder or Uterus

Cholera

Enteric Fever, III.

Ether Inhalation (x)

Fevers, Severe

*Hydronephrosis

Hysteria

no uræmic symptoms

Kidney, Cystic

„ Tuberculous

Kidneys, Acute Congestion
of

Nephritis, Acute

„ Chronic, III.

Peritonitis (x)

*Pernicious Anæmia

Poisoning by Lead, Turpen-

tine, Chlorate of Potash,

Chloroform, Cantharides,

Carbolic Acid, Corrosive

Sublimate, Mercury or

Phosphorus

Pyelonephritis

Pyonephrosis

Shock

SUPPRESSION OF URINE OR

ANURIA—*continued*

Sunstroke

Thrombosis, Renal

„ of Inferior Vena

Cava

Tumour, Large Pelvic

„ of both Kidneys

*Typhic State (62)

Uræmia

Yellow Atrophy, Acute

„ Fever

Obstruction of one ureter may be followed by arrest of secretion by the other kidney.

Anuria sometimes ensues upon an operation—even the passing of a catheter.

946. The Cystoscope

Warm boric acid solution should be injected into the bladder until it comes away quite clear. The organ should then be distended with ten ounces of the solution and the instrument introduced. The following conditions may be detected :—

Bladder, Calculus of

„ Polypus of

„ Rupture of

„ Tubercle of

Bladder, Ulcer of

„ Villous Growth of Kidney, Hæmorrhage from—renal rupture, growth, infaret, or calculus

Pyonephrosis, Discharging Ureter blocked by impacted Calculus or Clot

947. Ureteral Jets

In health, a jet of urine lasting about two, and recurring every thirty, seconds takes place rhythmically from each ureteral orifice. Recurrence is quicker when there is irritation of the renal pelvis (*e.g.* pyelitis or calculus) or increased functional activity (*e.g.* from a diuretic). In the latter case, the volume may be greater.

A jet may be purulent, sanguineous, or absent. (See 946.)

948. Chromocystoscopy

An intramuscular injection of 4 c.c. of 4 per cent. solution of indigo-carmin is administered.

Within twenty minutes a very evident blue stream will appear from both orifices; if from only one, the other kidney may be absent or functionless or there may be obstruction to the flow.

URINE TESTS

949. Sugar.—In all chemical tests for glucose, albumen, if present, must be first separated by boiling and filtration. The great source of error, whether by Fehling, Pavy, or Nylander's test, is the presence of glycuronic acid in the urine beyond the very small quantity normally there. The precipitate with Fehling's solution is rather less golden; but otherwise it is only distinguishable from glucose by Bial's Reagent (950) or phloroglucin. It is found in excess in persons taking morphia, chloral, camphor, chloroform, naphthol, salol, turpentine, antipyrin, and carbolic and benzoic acids.

Fehling's Test.—Equal quantities of fresh Fehling's solution and urine should be boiled in separate tubes and mixed, and then heated again. When sugar or other reducing substance is present, an orange-red precipitate forms within two minutes. It is well to dilute the urine first so as to bring the sp. gr. down to 1015. Kreatinin if excessive inhibits Fehling's Test even when sugar is really present. Uric acid in excess will also give the reaction.

Phenyl-Hydrazine Test.—This is so delicate that $\frac{1}{100}$ per cent. of sugar can be detected. As normal urine often contains more than this, the clinical value of the test is not great. It has the advantage, however, of giving no result with glycuronic acid.

Nylander's Test (modified).—The original reagent was not only difficult to make, but it had the disadvantage of keeping very badly; otherwise, it was most satisfactory and, unlike Fehling, gave no reaction with constituents of normal urine. *En revanche*, it was not available when the patient was taking salol, antipyrin, rhubarb or senna, and it gave a precipitate with lactose. It occurred to the writer that the soluble tartrate of bismuth introduced by Messrs. Burroughs Wellcome & Co. ought to answer equally well, and this proves to be the case. The reagent consists of a solution containing 1 per cent. of bismuth tartrate and 8 per cent. of sodium hydrate. On boiling this with an equal quantity of urine for a minute a deep black precipitate forms on standing. The solution keeps well, and will detect the presence of 0.1 per cent. of glucose.

Fermentation Test.—This, though tedious, does at least give an indisputable verdict. A piece of compressed yeast the size of a hazel-nut is put in 100 c.c. ($3\frac{1}{2}$ oz.) of urine, covered over, and kept from twenty-four to thirty-six hours at room temperature. When fermentation is finished, foam will cease to form and the yeast will sink to the bottom. The difference between the sp. gr. before and after fermentation, multiplied by 0.23, will give the percentage of sugar contained in the specimen. The temperature should be much the same at each testing.

The Polariscopes.—It must be remembered that if both dextrose and lævulose are present the result may be negative. β -oxybutyric acid is lævorotary (see *Acetone*, 966).

The *Glucose Test* is employed when sugar is strongly suspected and cannot be detected by ordinary means. The patient is given $3\frac{1}{4}$ oz. of glucose, fasting, and the urine is examined four hours afterwards; in health none will be found.

Quantitative Test.—This, when once sugar has been proved to be present, may be estimated approximately by Gowers' Test. Equal parts of urine and liquor potassæ are boiled together and the colour noted. Lemon yellow indicates 5 per cent. of sugar; pale sherry, 10 per cent.; dark sherry, 15 per cent.; and port-wine colour, 20 per cent. or more.

Gerrard's Test.—To make this reagent, dilute 100 c.c. of Fehling with 300 c.c. water and boil in a porcelain basin; then run in gradually a 5 per cent. solution of cyanide of potash. When the colour has gone, dilute to 500 c.c., and keep in a well-stoppered bottle. When testing for sugar, add 10 c.c. of Fehling to 50 c.c. of Gerrard's reagent and boil in a porcelain basin. Run in the urine slowly and watchfully till the colour has gone. If 1 c.c. suffices for discoloration there is 0.5 part of sugar per cent. present; if 2 c.c., 0.25 part per cent.; if 5 c.c. are necessary, 0.1 per cent. sugar, and so on.

950. Pentose.—This also gives Fehling's reaction; but, since its presence has no importance, it must be differentiated from glucose. This can be done with Bial's Reagent, 4 c.c. of which are heated to boiling-point and 10 drops of urine added. A beautiful green colour will develop within a few seconds. Pentose does not ferment yeast.

951. Albumen.—The urine must be clear to start with, or made so by filtration, or, in the case of urates by gentle

heat. The conventional test, by adding nitric acid after boiling, may mislead if either too much or too little acid is used. The proper proportion is 10 drops to 10 c.c. Acetic acid is preferable therefore; acidulate with a little of this and then boil the upper half; should albumen be present, a flocculent precipitate will form which is not dissolved when nitric acid is added. Or a saturated solution of picric acid may be used; when drops of urine are allowed to fall into this, they leave a cloudy track if albumen or albumose be present; but the latter redissolves on heating, while the albumen is unaffected; the test is only of negative value. In MacWilliam's test half a drachm of urine is placed in a very small test-tube, with a few crystals of salicyl-sulphonic acid added cold. If there is no precipitate, there is no albumen; if there is, it will clear up on boiling if due to albumose, but not if due to albumen. This test is likely to supersede all others.

952. Esbach's Albuminometer.—This is used for the quantitative analysis. The reagent consists of picric acid 10 grammes, citric acid 20 grammes, boiling water 1 litre. The tube is filled up to U with urine, and the reagent (cold) is added till R is reached. The precipitated albumen is examined twenty-four hours later, when the graduation reached will give the number of grammes per litre, or, divided by ten, the percentage of albumen. To get the number of grains per ounce, multiply the percentage by 4.375. An ordinary case of albuminuria shows about $\frac{1}{2}$ per cent. The test is not reliable for very small quantities.

953. Nucleo-Proteid.—It is derived from the epithelium of the ureter, bladder, and urethra, and is often due to the irritation of crystals. When urine yields a cloud on boiling, it may be due to a mixture of phosphates and nucleo-protein. Acetic acid will dissolve the phosphates, but not the nucleo-protein. Nitric acid dissolves both.

954. Albumose.—Filter off the precipitate of albumen. On the addition of liquor potassæ and a few drops of a 1 per cent. solution of sulphate of copper to the filtrate, a violet colour will develop.

955. Bence-Jones' Albumen.—This coagulates at the low temperature of 50° C., the precipitate re-dissolving on being boiled.

956. Urea.—A sp. gr. of 1014 corresponds to about 1 per cent. of urea ; of 1018, to 1·5 per cent. ; of 1022, to 2 per cent. ; and of 1028, to about 3 per cent. That is, provided no sugar or albumen is present.

957. Uric Acid.—The laboratory quantitative test for this is rather complicated, and the clinical application of the results is by no means universally admitted. The last two figures of the sp. gr. multiplied by 2 give approximately the number of centigrams of uric acid per litre. The presence of uric acid can be determined by the murexide test (1046).

958. Bile.—Bile-pigment is detected by putting a little of the urine on a porcelain plate in lateral contact with a few drops of strong nitric acid, when lines of *green* and other colours will be observed between them (Gmelin's Test).

959. Lead.—A drop of urine, greatly concentrated by evaporation, is allowed to fall into a tall glass containing ammonium sulphide. The descending drop will leave a white trail if lead is present.

960. Total Solids.—If these are determined by evaporation, some acetic acid must be added to prevent decomposition, and the temperature must not exceed 60° C. Trapp's Formula consists in multiplying the last two figures of the sp. gr. by 2·2337. The results will give the number of grammes per litre.

961. Casts, Crystals, etc.—The urine must be left to stand in a conical glass for a couple of hours or more. A little of the sediment taken up with a pipette is dropped upon a glass slide, covered, and examined with a quarter-inch objective. Only moderate illumination should be employed for casts. The use of a centrifuge greatly hastens matters.

962. Blood.—This may be fairly abundant even in pale urine. On boiling with one-third its volume of liquor potassæ a well-marked, red, flocculent precipitate will gradually form if blood be present (Heller's Test)—though the test is vitiated if the patient has been taking *santonin*, *rhubarb*, or *senna*. The *guaiacum* test is more accurate, but it must be remembered that iodides in the urine give the blue coloration, though more slowly and only in the upper stratum. A mixture of equal parts of tincture of *guaiacum* and ozonic ether is allowed to run

upon the surface of some acid urine in a test-tube. A blue ring is gradually formed at the junction of the two fluids if blood be present. Urine containing much saliva also gives the blue reaction. (See *Pus*, 964.)

The coagulate produced by boiling urine containing blood is usually of a dirty brown colour. A little blood goes a long way, and it is useful to know how much blood a given precipitate represents. I have found by experiment that the addition of 2 per cent. of blood yields, after standing twelve hours, a deposit amounting to $\frac{1}{6}$ of the height of the fluid in the tube.

963. Uryhæmatin.—The hæmatin is sometimes converted into uryhæmatin; the urine is then pale. To restore the red colour add hydrochloric acid.

964. Pus.—Agitation with ether shows fat on evaporation. The addition of liquid potash converts pus into a ropy gelatinous mass. Tincture of guaiacum gives a greenish colour, which disappears on boiling.

965. Diazo-Reaction (Ehrlich).—A mixture of 50 c.c. of half per cent. solution of sulphanilic acid, with 1 c.c. of half per cent. solution of nitrite of soda, is added to an equal quantity of urine, and then well shaken with one-eighth the volume of ammonia. A bright red foam will result in certain cases. The examination should be made by daylight and the reagents must be fresh.

966. Acetone.—A few drops of sodium nitro-prusside are shaken up with some of the urine, and a dram or two of strong solution of ammonia is gently poured upon it. A magenta (not violet) ring forms at the junction (Legal's Test). In doubtful cases a distillate of the urine should be employed. A rough clinical test consists in giving a large dose of carbonate of soda. The urine a few hours after will be alkaline in health, but acid in acetonuria.

967. Diacetic Acid.—Dilute perchloride of iron, let fall drop by drop, gives a red tint which, unlike that due to salicylates, is discharged by warming.

968. Methylene Blue Test.—One c.c. of 5 per cent. solution of pure methylene blue is injected into the gluteus maximus. The urine, if normal, shows within half an hour a green tint, which goes on deepening in colour for the next three hours. The

colour is diminished in interstitial nephritis. In rare cases the methylene blue is excreted as colourless 'chromogen,' but on boiling it with a little acetic acid the colour will be restored. The test is specially valuable when used with urine separated by Luys' instrument. (See also *Cystoscope*, 946.)

969. Sahli's Desmoid Reaction.—Iodoform, enclosed in a rubber bag tied round with catgut, is given by the mouth. Normally, iodine should be detected in the urine in from four to eight hours. If it is much later than this, or absent, there may be pancreatic disease or exaggerated motility of stomach. The test is based upon the belief that non-sterilised catgut can only be digested by the gastric juice. Schlesinger, however, affirms that the intestinal juices can digest it.

970. Freezing Point.—In the absence of sugar or proteid, the last two figures of the sp. gr. multiplied by 0.075 will give the freezing point Centigrade.

971. Cathelin or Luys' Urine Separator.—The instrument consists roughly of a double catheter with a segmental membrane filling up the curve, so that the secretion of each kidney can be examined separately.

Calculi, Tests for, see 1046.

972. QUANTITY

For quantitative analysis of any given constituent, a specimen must be taken from the urine collected during 24 hours. This in an adult should be about 50 ounces. More is passed by day than by night.

973. Quantity Increased (Polyuria)

Acromegaly
Acute Diseases
 convalescent stage
Amyloid Kidney
Anæmia
Angina Pectoris
 following the attack
Asthma, Spasmodic
 following the attack
Chorea
Chlorosis

*Cirrhosis of Kidney, III.

sometimes enormous quantities

Cystic Kidney

*Diabetes insipidus

*Diabetes mellitus

Enteric Fever, III.

a favourable sign

Epilepsy

following attack

Floating Kidney

following Dietl's Crisis

QUANTITY INCREASED
(POLYURIA)—*continued*

Hydronephrosis

coincidentally with the disappearance of the lumbar swelling

***Hysteria**

following attack

Locomotor Ataxy

Malaria

cold stage

Migraine

Myxœdema

Neurasthenia

Paralysis Agitans

Phosphatic 'Diabetes'

Resorption of Effusions

Tuberculous Kidney

Tumour, Cerebellar, Bulbar or Spinal

Also after copious drinking ;
after foods containing
citrates or tartrates, and
after diuretics, including
tea, coffee, whisky, gin,
beer, hock, and phloridzin.

974. Quantity Greater at Night

Arterio-sclerosis

Cachexia

***Diabetes**

Heart Disease

Kidney Disease

975. Quantity Diminished
(Oliguria)

Abdominal Aneurysm or Tumour

by pressure

Ascites (late)

Atrophy of Kidney, Acute

Cholera

Collapse of Lung

Congestion of Kidney

***Diarrhoea**

Dilatation of Stomach

Embolism of Kidney

Fatty Kidney

Gastritis, Chronic

Gout

Heart Failure

Influenza

Intestinal Obstruction

***Lead Colic**

Mechanical Obstruction

Melancholia

***Nephritis, Acute**

„ Chronic Tubal

Peritonitis

Pleurisy with Effusion

Pneumonia

Pneumothorax

Pyrexia (295)

Relapsing Fever

Thrombosis of Inferior Vena

Cava or Renal Vein

***Vomiting, Prolonged**

Also abstention from fluids,
excessive perspiration, etc.

(See *Retention*, 940, and
Suppression, 945.)

976. Opsuria

The excretion of urine
during fasting is greater
than it is a few hours
after a full meal (Gilbert's
Sign).

Cirrhosis of Liver

977. REACTION

The reaction is ascertained by dipping in the urine the end of a strip of litmus paper. If acid, blue litmus is turned red; if alkaline, red litmus is turned blue. On heating, this blue colour remains if the change is due to a fixed alkali such as soda or potash; but disappears if due to the volatile alkali, ammonia. An amphoteric reaction means that blue litmus is turned red, and red blue.

The normal acidity of the urine is due to the presence of acid sodium phosphates. It is neutral or faintly alkaline during digestion and acid when fasting. All urine becomes alkaline after long exposure to the air, owing to the growth of *micrococcus ureæ*, which forms ammonium carbonate from urea.

978. Super-acid

Ague Paroxysm
Dilatation of Stomach
Fevers
Gout
Leukæmia
Lithæmia
Paroxysmal Hæmoglobin-
uria
Pyelitis
*Rheumatism, Acute
Uric Acid Calculus
Also after eating cheese,
meat, and cereals.

979. Sub-acid

(of little significance)

Chlorosis
Ingestion of Fruit or Potatoes

980. Amphoteric

Due to the presence in definite proportions of acid di-hydrogen phosphate and alkaline di-sodium phosphate. Significance unimportant.

981. Alkaline

(a) Volatile Alkali

Acute Yellow Atrophy
Ague (intervals)
Anasarca
Ascites
Calculus, Vesical
Cystitis
Gastric Irritation
Hyperchlorhydria
*Retention
Spinal Injury
Tuberculosis of Urinary
Tract
Vegetable Diet

(b) Fixed Alkali

Anæmia
Atony of Stomach
Chlorosis
Ingestion of Alkalies
Neurasthenia
'Phosphaturia'
Prostration
Rheumatism

982. THE SPECIFIC GRAVITY

This is taken with a urinometer. If the quantity of urine is insufficient, multiples of water should be added and a calculation made accordingly. Thus with an equal quantity, multiply the last two figures by two; with twice as much water by three, and so on. Or sp. gr. beads may be used. The sp. gr. is increased by cooling, but is very little affected by matters in suspension. The normal sp. gr. is 1015–1025.

983. High Specific Gravity

From 1025 to 1045

Anasarca

Congestion of Kidney

*Diabetes Mellitus
rarely, normal

*Gout, Acute

Hæmaturia

Heart Failure

Leukæmia

Lithæmia

Nephritis, Acute

Oxaluria

Pneumonia, Acute

*Pyrexia (295)

Rheumatism, Acute

Also after repletion, long retention, vomiting, diarrhœa, profuse perspiration, and ingestion of phloridzin.

984. Low Specific Gravity

Under 1010

Ague (cold stage)

Amyloid Kidney

*Anæmia

Atony of Stomach

Chyluria

*Cirrhosis of Kidney
markedly lowered

Cystic Disease of Kidney

*Diabetes Insipidus

„ ‘Phosphatic’

Epilepsy
after fit

Gout, Chronic

*Hysterical Seizure
‘Urina spastica’

Hydronephrosis
intermittent

Myxœdema

Nephritis, Chronic Tubular
slightly lowered

Polycythæmia, Splenomegalic

Polyuria, Nervous

Also after fasting, copious drinking, and diuretics, and in convalescence from acute disease.

985. COLOUR

The normal colour is that of pale sherry. It is due to urochrome. A high colour is due to urobilin and a pinkish tint to uroerythrin.

986. Pale Urine

Ague (præm.)
 Amyloid Kidney
 *Anæmia (385)
 Asthma, Spasmodic
 Chlorosis
 *Cirrhosis of Kidney
 Convalescence
 Copious Drinking
 Cystic Kidney
 Diabetes
 „ Insipidus
 Diuretics
 including alcohol
 Epilepsy
 Gout, Chronic
 *Hysteria
 Stomach, Atony of
 Tannin internally
 Uryhæmaturia
 it turns red with hydro-
 chloric acid

987. High Colour

Cancer of Liver
 Cirrhosis of Liver
 Congestion of Kidney
 Cyanotic Liver
 Duodenal Catarrh
 Dysentery
 Dyspepsia
 Gastritis
 *Gout
 Hepatitis, Acute
 Influenza
 *Lithæmia

Nephritis, Chr. Tubular

Oxaluria

Peritonitis

Pernicious Anæmia

Pyrexia (295)

Also from exercise, food,
 perspiration, and from
 taking rhubarb, saffron,
 santonin, or turmeric.

988. Blue Urine

Methylene Blue, Ingestion of
 in drugs or confectionery

Oxidation of Indican (x)
 (See *Indican*, 1022)

989. Green Urine

Chloroma

Cystinuria

after decomposition

Fuchsin

Methylene Blue

Pink musk lozenges have
 produced an opalescent
 green urine.

990. Opalescent Urine

Bacilluria

Suspended matters or a
 little blood will cause it.

991. Pink Urine

Chrysophanic Acid

in alkaline urine

Picric Acid poisoning

Rosanilin

992. Reddish Urine

Rhubarb, senna, purgen, antipyrin, santonin, and cascara give a reddish colour to alkaline urine.

993. Violet Urine

Fuchsin

Methyl Violet

used in gonorrhœa

994. Brown to Black

Alkaptonuria

turns black on standing or on the addition of an alkali

Indicanuria (x)

*Jaundice, Chronic

Melanotic Cancer

after standing

Ochronosis

turns black with ferric perchloride

*Paroxysmal Hæmoglobin-uria

Pernicious Anæmia (x)

Also after ingestion of carbolic acid, exalgin, creasote, salol, naphthalene, gallic acid, uva ursi, tar, or resorcin.

995. Smoky Urine

Usually due to renal hæmorrhage (methæmoglobin). See Hæmaturia, 1000.

996. Milky

Fatty (Chyluria)

Filariasis

Nephritis (x)

Thoracic Duct Obstructed

from tumours or injuries

Non-Fatty

Bi-Phosphates

chiefly after food

Urates, White

Malingerers add milk—acetic acid will curdle this.

997. Frothy Urine

On shaking :—

Mucus, Albumen, Bile, or

Sugar (*q.v.*)

On adding an acid :—

Calcium Carbonate

998. Urine Odorous

Acetonuria

Like over-ripe apples

Bacilluria

fishy (*B. coli*)

Chyluria

milk-like

Cystinuria

sweet briar-like

Cystitis

ammoniacal

Diabetes

apple-like

Nephritis, Acute

like beef-tea

Recto-vesical Fistula

fecal

Turpentine, Ingestion of

like violets

Asparagus, cubebs, copaiba, and saffron give a peculiar odour to the urine.

999. Non-Decomposing Urine

Hæmoglobinuria

for years

Hæmatoporphyrin

Tuberculosis

for many days

1000. Hæmaturia

Hæmoglobin in corpuscles.

The blood is evenly diffused and generally smoky in renal hæmorrhages, precedes clear urine in urethral hæmorrhage, and often follows the clear urine in bladder cases.

Abscess, Pelvic

rupturing into bladder

Aneurysm, Renal

Angioma

Appendicitis, Acute (x)

Arterio-sclerosis

Asthma

Bilharzia

profuse

Calculus, Renal, Vesical, or

Ureteral

increased by movements—
from oxalic acid (v); from
uric acid (x); from phosphatic calculus, never.

Cancer of Kidney, Rectum,

Uterus, Bladder, or Prostate

increased by movements

Catheterism

Chloroma

Cholera

Concretions in Tubules

Congestion of Kidney,

Active

Cystic Kidney, III.

intermittent

Cystitis, Acute (x)

Diphtheria

Embryoma

Endocarditis, Malignant

Epithelioma of Bladder

Filariasis

Foreign Body

in urinary tract

Gonorrhœa

Hæmophilia

Hydronephrosis (x)

Hypernephroma

intermittent

Infantile Scurvy

Infarct, Renal

'renal epistaxis'

Injury

*Irritants

e.g. cantharides or turpentine

Jaundice (x) (392)

Leukæmia

Malaria (x)

*Menstruation

*Metrorrhagia

Movable Kidney

kinked renal vein

Nephritis, Acute

,, Chronic

large red variegated, and
small white kidney

Nephritis, Suppurative

Neurasthenia (x)

Oxaluria

Papilloma of Pelvis

Pernicious Intermittent

Plague

HÆMATURIA—*continued*

Poisoning by Phosphorus

Prostate, Tuberculous

,, Tumour of

Prostatitis

*Purpura hæmorrhagica

Pyelitis, Acute

Relapsing Fever

Remittent Fever

Salpingitis, Acute (x)

Sarcoma of Kidney

Scarlatina Maligna

Scurvy

Thrombosis of Renal Vein

Tubercle of Bladder

,, of Kidney

,, of Urethra

Ulcer of Bladder

intermittent

Ulceration in rest of Urinary

Tract

Urethritis, Acute

Variola, Malignant

Villous Growth of Bladder

profuse

Yellow Fever

It occurs also in persons
taking cantharides, tur-
pentine, carbolic acid or
urotropin (x)

1001. Hæmoglobinuria

Free hæmoglobin—hæmo-
lysis. The colour of the
urine may be pink, bright
red, brown, smoky or black.

Angio-neurotic Œdema

Anthrax

Chlorosis

colourless = uryhæmoglobin

Hæmorrhages, Large

Hæmoglobinuria, Infantile

Henoch's Purpura

Malaria (x)

Nephritis (x)

*Paroxysmal } Hæmoglobin-
uria

Rabies

Raynaud's Disease

Septicæmia

Yellow Fever

This condition also occurs
after burns or transfusion
of blood and in cases
of poisoning by chlorate
of potash, antifebrin,
arseniuretted hydrogen,
naphthol, urotropin,
nitro-benzol, sulphuretted
hydrogen, and carbolic,
hydrochloric, pyrogallie,
and sulphuric acids. Over-
exertion will sometimes
induce it.

1002. Hæmatoporphyrin

Dark red urine due to
iron-free hæmatin—rare.

Addison's Disease

Chorea

Enteric Fever

Exophthalmic Goitre

Hydroa Æstivale

Measles

Meningitis

Pericarditis

Peritonitis

*Pernicious Anæmia

Pneumonia

Rheumatism, Acute

Action of sulphonol (esp. in
women), trional, tetranol.

(See *Pink Urine*, 991)**1000-1002**

1003. Clots

A clot formed in the urethra or ureter is cylindrical.

Bladder, Ruptured

Cancer of Kidney

vermicular or pyramidal in shape

Chyluria

white

Hypernephroma

*Menstruation, etc.

Renal Calculus

Trauma

Ulcer of Bladder

Urethra, Ruptured

*Villous Growth

(See 1000)

1004. Albumen

For tests see 951.

Albuminuria has been divided into præ-renal (as in mitral disease), renal (when it comes from the kidney), and post-renal.

Abdominal Aneurysm

Acute Yellow Atrophy

Albuminuria, Postural

Alcoholic Coma

Alcoholism, Chronic

Amyloid Disease

Angio-neurotic Œdema

Ankylostomiasis

Arsenic-poisoning, Chronic

Ascites, Extensive

Atrophy of Kidney, Acute

Bronchitis, Chronic

little

Burns

Cerebral Tumours

Cerebro-spinal Meningitis

Cholera

Cirrhosis of Kidney

little or none

Cirrhosis of Liver (x)

Congestion of Kidney

little

Cystic Kidney

intermittent

Diabetes

40 per cent. of cases

*Diphtheria

third or fourth day

Displacement of Heart

Eclampsia Gravidarum

Embolism of Kidney

Emphysema

a little

Endocarditis

Enteric Fever

a little in 25 per cent. of cases

Epilepsy

for 2 days after a fit

Erysipelas

Exophthalmic Goitre

Fatty Kidney

Fevers, Most

a little

Gout (x)

Hæmoglobinuria, Paroxysmal

Hepatitis, Acute

Hydrophobia

Hyperpyrexia

Influenza (x)

Lead-poisoning

Leukæmia, Spleno-medullary

Lordosis

Lymphadenoma

Mediastinitis

Medulla, Lesion of

ALBUMEN—*continued*

Mercurialism
 Mitral Regurgitation
 Morphinism
 Mumps
 *Nephritis, Acute
 much
 Nephritis, Chronic Tubular
 much at first, less later
 Nervous Paroxysms
 Neurosis, Vasomotor
 Obstruction to Vena Cava
 Inferior
 Ovarian Tumours
 Pancreatitis
 Paratyphoid
 Peliosis Rheumatica
 Pemphigus
 Pernicious Anæmia
 ,, Intermittent
 Phosphorus-poisoning
 Pneumonia, Acute
 a little
 Polycythæmia, Splenome-
 galic
 Pregnancy
 Psittacosis
 Rabies
 Raynaud's Disease
 Remittent, Severe
 Rheumatism, Acute
 Salicisism
 Scabies
 Scarlatina
 Suppurative Nephritis
 Syphilitic Nephritis
 abundant
 Thrombosis of V. Cava
 Tricuspid Regurgitation
 Tuberculosis, Acute
 a little

Tuberculous Kidney, I.

Tumours, Abdominal

,, Renal

Ulcer, Gastric (x)

Urethra, Obstructed

Variola

Weil's Disease

Yellow Fever

* * Caution : albumen may also be derived from blood, pus, or semen, and may appear temporarily in those taking lead, mercury, carbolic acid, balsam of Peru, storax, suprarenal extract, etc. It is found in healthy babies.

1005. Postural Albuminuria

Albuminuria is found in some apparently healthy individuals, especially after excitement, active exercise, or heavy nitrogenous meals, but ceases when the patient is *re-cumbent*, and is therefore absent in the morning. It is often associated with lordosis and with movable kidney, and is thought by some to be a prætuberculous symptom, and by others to indicate a vulnerability to Bright's Disease in the distant future.

Conversely, there is a form of intermittent albuminuria associated with enlarged spleen and due to pressure upon the renal vein. This ceases when the patient is *erect* (Rolleston).

Another intermittent form follows upon fatigue, such as that of marching (Ratherg).

1006. Bence-Jones' Albumen

This has now been shown to be a true protein.

Bone, Malignant Disease of
Chloroma (x)

Leukæmia (x)

Lymphosarcoma (x)

Mollities Ossium

*Multiple Myelomata
in 50 per cent. of cases

Myxœdema (x)

1007. Albumose

Albumose coagulates at 140°, the precipitate redissolving on boiling.
For other tests see 954.

Abscess, Appendicular

„ Hepatic

Acute Yellow Atrophy

Bronchiectasis

Cancer of Digestive Tract

Cirrhosis of Liver

Diphtheria

Empyema

Enteric Fever

Infarcts

Influenza

Gangrene

Leukæmia

lymphatic form

Liver Diseases

Measles

Meningitis, Purulent

Mollities Ossium

Mumps

Myelosarcoma

Myxœdema

Pernicious Anæmia

Phthisis, III.

Pneumonia, Acute, III.

Pregnancy

esp. on death of foetus

Puerperal state

Rheumatic Fever

Scarlatina

Septicæmia

*Suppurative Processes in
general

Syphilis

Ulcer of Intestine

. Albumosuria has no relation to kidney disease. It is sometimes termed Peptonuria; but the true peptone of Kühne is rarely, if ever, found.

1008. Nucleo-proteid

Of little clinical import.

It is almost identical with mucin (see 953).

*Albuminuria, Febrile

„ Postural

Cystitis

Jaundice

Leukæmia

Nephritis, Acute

Arsenic, naphthol, and mercury will produce it.

1009. Fibrinuria

Orange-coloured urine which coagulates on standing.

Hæmaturia

esp. after cantharides

Nephritis (x)

without blood

Villous Growth

The urine in Chyluria also coagulates on standing

1010. Mucus

Mucin may be mistaken for albumen. It yields a precipitate with acetic acid, a 5 per cent. dilution of which should be added to an equal quantity of the urine, cold. Urinary mucin is largely made up of nucleo-proteid (1008).

Cancer of Bladder

Cystitis

Oxaluria

Prostatic Disease
threads

Pyelitis, Acute

Spinal Injuries and Diseases

*Tuberculosis of Bladder or
Kidney

In small quantities mucus, at least in females, is a normal constituent; in large quantities it is chiefly noticeable by its cloudiness in alkaline urine.

Pus (see 1047)

1011. Kreatinin Diminished

Anæmia

*Convalescence from Fevers

*Marasmus

Progressive Muscular Atrophy

Pseudo-hypertrophic Paralysis

Splenic Enlargement

Tuberculosis

Kreatinin is increased by muscular exercise and by fevers. Fortunately these conditions are not associated with glycosuria (see 949).

1012. Sugar (Glycosuria)

For tests see 949.

Acromegaly

Alcoholism

or a single draught (x)

Apoplexy

Boils

a little

Calculus, Pancreatic
after paroxysm

Cancer of Pancreas

Carbuncles

a little

Cerebral Tumours

Chronic Pancreatitis

if islands of Langerhans
are affected

Cirrhosis of Liver (x)

Concussion of Brain

Convalescence from Fevers

*Diabetes Mellitus

Diabetes, 'Renal'

unaffected by diet

Disseminated Sclerosis (x)

Enterocolitis (x)

Exophthalmic Goitre

Fractured Skull

a little

Gouty Glycosuria

Hooping Cough

Hydrophobia (x)

Hypopituitarism

Locomotor Ataxy (x)

Medulla, Lesion of

Melancholia

Meningitis, Tuberculous

37 per cent. of cases;
rarely present in other
forms

Neurasthenia

SUGAR—continued

Obesity (x)

Pancreatic Hæmorrhage

Pancreatitis, Catarrhal

Pineal Gland Lesions

Phosphorus-poisoning

Portal Obstruction

transient—urina cibi only

Rabies

Rheumatoid Arthritis

Starvation

Tetany

Tonsillitis

transient

Ulcer of Stomach (x)

Sugar is also found after chloroform or ether inhalation, after eating largely of grape sugar, in carbonic-acid-poisoning and after nitrite of amyl, thyroïdin, adrenalin, atropin, curare, morphia, strychnin, phloridzin, acetone, uranium, and copaiba.

In non-diabetic glycosuria, the urine secreted during the night is said to contain no sugar.

1013. Lævulosemia

This is suggestive of—

Hepatic Disease

1014. Pentose

Found normally in some beer drinkers. It is of no clinical importance (950).

Diabetes

Morphinomania

Pancreatic Disease

1015. Lactose

Does not ferment yeast

Lactation

Mollities Ossium

Puerperal State

1016. Inositol (Muscle & Sugar)

Copious Draughts of Water

*Diabetes Insipidus

Nephritis, Chronic

Tumour of Fourth Ventricle

1017. ACIDOSIS

Acetone, diacetic acid, and the β -oxybutyric acid from which they are derived are grouped together as Acidosis or Ketonuria. This is found, in general, when insufficient carbohydrate food is absorbed as well as in deficient oxygenation.

1018. Acetone

Broncho-Pneumonia

Cancer

Cerebral Disease

Cyclical Vomiting

*Diabetes

esp. diabetic coma

Dilated Stomach

Diphtheria

Exophthalmic Goitre

Fevers

Gastric Ulcer

Gastro-Enteritis

Hyperpyrexia

Inanition

Liver, Cirrhosis of

Locomotor Ataxy

Melancholia

ACETONE—continued

Morphinism
 Mountain Sickness
 Nephritis
 Pneumonia
 Pregnancy
 Salicisism
 Septicæmia
 Tuberculosis, III.
 Uræmia

Also in prolonged rectal feeding or starvation and after administration of ether or chloroform.
 (Tests, 966)

1019. Diacetic Acid

This is formed by the oxidation of β -oxybutyric acid (967).

Cirrhosis of Liver
 *Diabetes
 Fasting
 Fevers
 Meat Diet, Exclusive
 Morphinism

1020. Urobilin in Excess

Addison's Disease
 Anæmia, Hæmolytic
 Carcinoma
 Cerebral Hæmorrhage
 Chloroform Inhalation
 *Cirrhosis of Liver
 Congestion of Liver
 Fevers
 Hæmatocele
 *Hæmoglobinuria, Paroxysmal
 Infarctions [mal
 Multiple Neuritis
 Pernicious Anæmia
 Pregnancy, Extra-uterine
 Scurvy

Bile Colouring-matter

(See *Jaundice*, 392)

1021. Bile Acids

Of no special clinical importance. Oliver's test is now used.

Jaundice (392)

1022. Indican

Normally, it should be arrested in the liver. Its presence therefore in the urine may point to hepatic insufficiency.

Addison's Disease
 Appendicitis
 Bronchitis, Putrid
 *Cancer of Stomach or Liver
 Cerebro-spinal Meningitis
 Cholera
 Constipation (x)
 Empyema, Fetid
 Gangrene of Lung
 Hypochlorhydria
 Lymphatic Growths
 *Obstruction in Small Intestine
 Pancreatic Disease
 Peritonitis, Suppurative
 Pernicious Anæmia
 Phthisis
 Tabes mesenterica
 *Toxæmia, Intestinal

It is produced in excess by residence in the tropics and by the action of turpentine, bitter almonds, and nuxvomica, also by a red-meat diet.

1023. Urea Increased

The normal total is about
33 grammes.

Ague (warm stage)

Azoturia

Cerebro-spinal Meningitis

Chorea

Diabetes

„ Insipidus

Enteric Fever

Fevers, II.

commencing defervescence

Leukæmia

Paralysis Agitans

Pernicious Anæmia

Pneumonia, Acute

Pyrexia (295)

Rheumatism, Acute

Scarlatina

* * Other causes are excess of food; bathing, exercise, electricity, and the following drugs: ammonium salts, arsenic, antimony, codeia, phosphorus, sulphuric acid, thyroid gland and large doses of quinine.

1024. Urea Diminished

Acute Yellow Atrophy

absent at termination

Addison's Disease

Amyloid

Anæmia

Cancer of Liver, III.

Cirrhosis of Liver

Congestion of Kidney,

Passive

Contracted Kidney

General Paralysis

Lead-poisoning

Melancholia

Nephritis, Chronic

Osteomalacia

Phthisis

Pyorrhœa Alveolaris

Rheumatism, Chronic

Rickets

Starvation

Syphilis

Uræmia

Also phosphorus-poisoning
and quinine even in
small doses

1025. Uric Acid Increased

The normal total is about
7 to 10 grains (0·4 to 0·7
gramme).

Diabetes

Fevers

Gout, Chronic

Heart Diseases

Infantile Colic

*Leukæmia

Lithæmia

Liver Affections

Lung Diseases

Pernicious Anæmia

Pneumonia

Rheumatism

The statements of investigators are very contradictory, but, in general, uric acid is increased either by deficient oxidation (fevers, heart and lung diseases), or by food containing much nucleolin, especially sweetbreads. Its excess in the blood is not necessarily accompanied by an excess in the urine. Indeed, the reverse may be the case.

1026. Uric Acid Diminished

Anæmia
 Diabetes Insipidus
 Gouty Paroxsym (?)
 Kidney Disease, Advanced
 Lead-poisoning
 Quinism
 Rickets
 Scurvy

According to some, the quantity is *increased* in the gouty paroxysm.

1027. Hippuric Acid

Chorea
 Diabetes Mellitus
 Pyrexia (295)

It occurs also after taking benzoic acid or fruit, such as cranberries, mulberries, etc.

1028. Phosphates Increased

The amount of phosphatic sediment is no indication of the quantity of phosphates in the urine, for the phosphates of the alkalies, which constitute three - fourths of the total, are readily soluble.

Anæmia
 Animal Diet
 Cerebro-spinal Meningitis
 Chorea
 Diabetes Insipidus
 *Diabetes 'Phosphatic'
 sugar-free
 Dilated Stomach
 Encephalitis
 Gastric Catarrh
 Henoch's Purpura
 Leukæmia

Mania, Acute
 Mollities Ossium
 Neurasthenia
 Pleurisy
 Pneumonia, III.
 Pyrexia (295)
 Rheumatism, Acute
 Rickets
 Tumours of Brain

In general, diseases of bones, brain, or spinal cord.

1029. Phosphates Diminished

Acute Yellow Atrophy
 Addison's Disease
 Ague
 during attack
 Enteric Fever
 Nephritis
 Phthisis
 Rheumatism, Chronic
 Typhus
 Vegetable Diet

1030. Chlorides Increased

Normal total of chlorine
 10 to 15 grammes.
 Ague
 during fit
 Convalescence from Pneumonia and Fevers
 Copious Drinks
 *Diabetes Insipidus
 Epilepsy
 General Paralysis
 Malaria
 Myelitis, Acute
 Prurigo
 Rapid Absorption of Dropsical Effusions
 Rötheln

1031. Chlorides Diminished

Acute Yellow Atrophy

absent at last

Anæmia

Anasarca

Cancer of Stomach

Cerebro-spinal Meningitis

Chorea

Diarrhœa

Dyspepsia

Enteric Fever

Hæmorrhage

Inanition

Kidney, Congestion of

Lead-poisoning

Melancholia

Multiple Myoma

Nephritis

Phosphorus-poisoning

*Pneumonia, Acute

Pyrexia (295)

Rheumatism, Acute

Rickets

Scarlatina

Seros Effusions

1032. Sulphates Increased

Normal total 2 grammes.

Cancer of Pylorus

Diabetes

,, Insipidus

Fevers

Pneumonia

Progressive Muscular Atrophy

1033. Ehrlich's Diazo-reaction

This is an indication of abnormal protein metabolism.

For method of testing see 965.

Abscess, Cold

Actinomycosis

Alcoholism, Chronic

Cachexias, Cancerous and

Other

Diphtheria

*Enteric Fever

81 per cent. of cases

Erysipelas

Heart Disease, Old

Hepatitis, Chronic

Influenza

Leukæmia

Malaria

Malta Fever, I.

Marasmus, Senile

Measles

72 per cent.

Paratyphoid

Pneumonia

10 per cent.

Pulmonary Tuberculosis

14 per cent.

Scarlatina

Septicæmia

Typhus

5 per cent.

It also occurs after taking opium and tar products, but is absent in simple meningitis and in rœtheln.

1034. Egg Yellow Reaction

A yellow foam showing itself with Ehrlich's reagent *before* the addition of ammonia is said to be characteristic of the crisis of:—

Acute Pneumonia

1031-1034

1035. Phloridzin Test

Thirty minutes after the subcutaneous injection of 15 minims of 0.5 per cent. solution, sugar should be detected during a period of four hours. Otherwise, there is

Renal Inadequacy

1036. Bouchard's Coefficient

The ratio between the nitrogen of urea and the total nitrogen — normally 84 per cent. It is high in accelerated metabolism and notably in tuberculosis in all stages; low in diseases with slow metabolism.

1037. Cammidge's C. Reaction

Before testing, alcohol and sugar must be eliminated.

Gallstone (x)

Pancreas, Cancer of

*Pancreatitis

Twenty-five per cent. of cases of pancreatic disease, or only when inflammation is superadded.

1038. Diastase

A small quantity is normally present. An increase shows :—

Pancreatic Insufficiency

Pulmonary Tuberculosis

1039. Freezing Point Δ

The normal freezing point is -1.3° to -2.2° C. A raised index implies renal inadequacy.

Inflammatory Kidney Diseases

not more than -1° C.

1040. Fæces passed through Urethra

Abscess, Appendicular, Prostatic, Pelvic, or Rectal

Cancer of Bladder

„ of Rectum

„ of Uterus

Colon Diverticulum,

Perforated (x)

Recto-vesical Fistula

1041. Pneumaturia

Derived from external or intestinal gas or from that produced in the bladder by *B. lactis aërogenes*, *B. aërogenes capsulatus*, *B. Coli*, or yeast.

Abscess

Carcinoma, Adjacent

Diabetes

Foul Catheterism

Recto-vesical Fistula

fæcal odour

1042. URINARY DEPOSITS

1043. SEDIMENTS

These are best obtained by the centrifuge; if the conical glass is employed, a little camphor should be added to prevent decomposition. Urates of soda and potash are readily soluble on heating.

Soluble in Acetic Acid

Ammonium Urate
Calcium Carbonate
with effervescence
Phosphates, Earthy
no effervescence

Insoluble in Acetic Acid

Calcium
„ Sulphate
Leucin
Cystin
Tyrosin
Uric Acid
Xanthin

Soluble in Hydrochloric Acid

Calcium Oxalate
Leucin
Cystin
Tyrosin
Xanthin

* * The last three are soluble in ammonia.

Insoluble in Hydrochloric Acid

Calcium Sulphate
Uric Acid

1044. Brickdust Sediment

Chiefly urate of soda. The pinkish colour is due to uroerythrin. It does not necessarily mean increased excretion of uric acid. Tests, see 1045.

Ague (sweating stage)

Cancer of Liver

Congestion of Kidney

*Constipation

Cyanotic Liver

Dilatation of Stomach

Dysentery

Dyspepsia

Emphysema

*Fæcal Accumulation

Gastritis, Acute or Chronic

Gout

Heart Disease

failing compensation

Hyperidrosis (316)

*Lithæmia

Pneumonia, Acute

Pyrexia (295)

Rheumatism, Acute

Sweating

from any cause

1045. White Sediment

If soluble on heating and in liquor potassæ, the deposit consists of urates without the adventitious uroerythrin. This form takes the place of the above in children and in some adults. If insoluble on heating, but soluble in liquor potassæ, the sediment consists of phosphates.

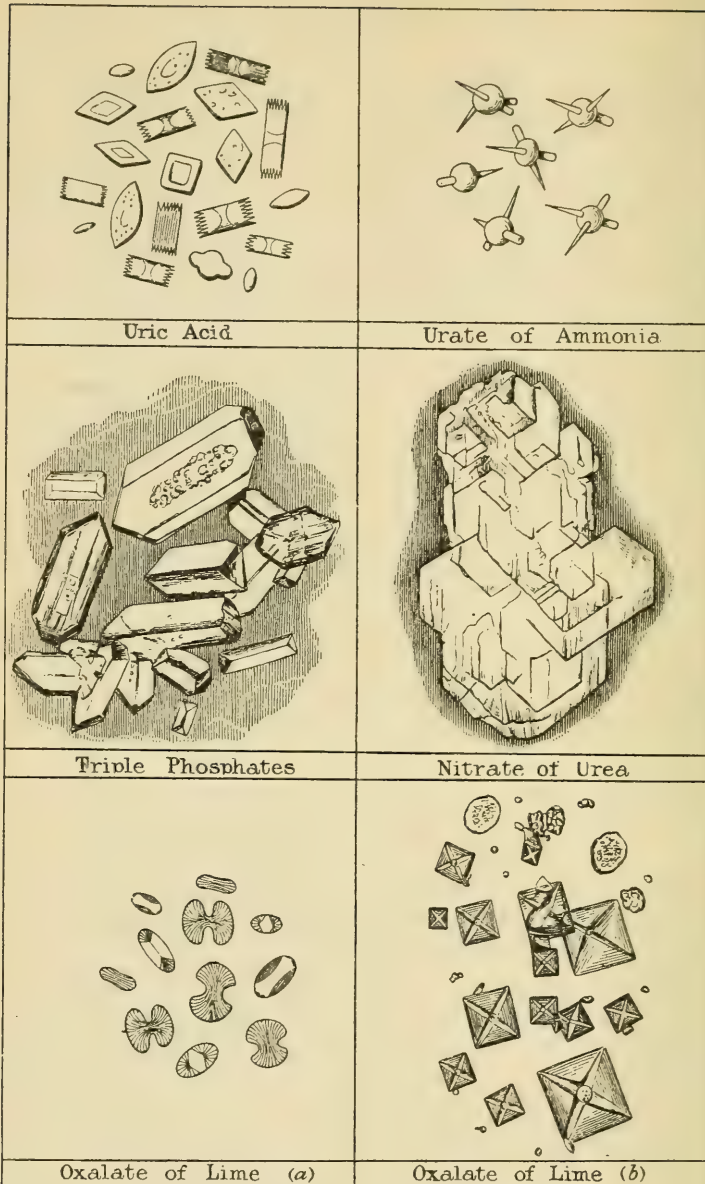


FIG. 8—URINARY CRYSTALS

1046. CALCULI

These are very often of mixed composition. Calculi composed of uric acid are hard smooth and reddish; of urates, soft friable and light yellow; of oxalates, hard nodular and dark ('mulberry calculus'); of phosphates, chalky and friable; of carbonate of lime, round white and hard; of cystin, soft crystalline and yellowish green; of xanthin, hard smooth and cinnamon coloured.

Burn on Platinum Foil :—

No Residue

Cholestearin

Cystin

Uric Acid

Xanthin

Residue

Calcium Salts

Magnesium Salts

* * * Treat with acids as in sediment tests.

Murexide Test

Heat a few crystals on a porcelain dish with dilute nitric acid. The reddish residue turns purple with a little dilute ammonia.

Uric Acid**Cystin Test**

The powder is digested with ammonia, filtered, and evaporated in a watch glass; crystallisation in hexagonal plates indicates :—

Cystin**Cholestearin Test**

Cholestearin dissolves in ether, leaving rhombic plates on evaporation.

MICROSCOPY

1047. Pus-cells (Pyuria)

Abscess, Acetabular, Appendicular, Dermoid, Ischio-rectal, Ovarian, Pelvic, Perinæal, Perinephric, Prostatic, Psoas, Rectal, Renal, or Salpingitic

bursting into urinary tract

Calculus, Vesical Renal or Ureteral

Carcinoma

involving urinary tract

Cystic Kidney, III.

Cystitis

Gleet

*Gonorrhœa

Leucorrhœa

Pyelitis

Pyelonephritis

Pyonephrosis

intermittent

Stricture of Urethra

Suppurative Nephritis

Tuberculous Bladder

Tuberculous Kidney

urine acid

Ulcer of Bladder

Ureteritis

Urethritis

Villous Growth

When the urine is acid and, apart from blood, contains very little albumen, the pus probably comes from the kidney.

Exclude extraneous pus, such as that from leucorrhœa.

Blood-cells

(As in *Hæmaturia*, 1000)

1048. Growth Particles

The deposit must be centrifuged.

Cancer of Urinary Tract

1049. Epithelium, Excess of

It is normal in moderate quantity. There are three varieties in the urinary tract. Squamous: in the meatus, the vagina, the bladder, and the pelvis of the kidney. Columnar: in the urethra and ureters. Spheroidal or, by pressure, Polygonal: in the tubules of kidney. This last is the important kind.

Cystitis

Nephritis, Acute

Pyelitis

Renal Calculus

Scarlatina

Urethritis

1050. Fat-globules

Alcoholism, Chronic

Chyluria (996)

Diabetes

*Fat Embolism

recent fracture

Fatty Food

Leukæmia

Malingering

*Nephritis, Chronic

large pale kidney

Obesity

FAT-GLOBULES—*continued*

Pancreatic Disease

Phosphorus-poisoning

Pyonephrosis

Suppuration, Prolonged

Exclude oil from a catheter.

The globules are often
seen in persons taking
cod-liver-oil.

1051. Elastic Fibres

Tuberculous Bladder or
Kidney

Ulceration of Urinary Tract
(See *Sputa*, 1140)

1052. Pigment

Malaria

1053. Oxalates

Octahedric or dumbbell
crystals, due, in general, to
diseases of imperfect oxida-
tion, as in heart and
lung affections. Oxa-
lates also appear after
eating gooseberries, figs,
rhubarb, cabbage, the
pulses, beetroot, etc., and
even after drinking tea,
coffee, or cocoa.

Atony of Stomach

Bronchitis, Chronic

Diabetes

Digestion, Defective Carbo-
hydrate

Gout

Jaundice

Leukæmia

Lithæmia

Neurasthenia

Obesity

Pancreatic Disease

63 per cent.

Paroxysmal Hæmoglobin-
uria

Phthisis

Pneumonia

Spermatorrhœa

**Phosphates (Prismatic Crys-
tals (see 1028)**

1054. Cholestearin

Cystitis, Chronic

Dyspepsia

Fatty Kidney

Filariasis

Hydatids of Kidney

Hydronephrosis

Kidney, Cystic

Pyonephrosis

1055. Leucin and Tyrosin

In acid urine only.

*Acute Yellow Atrophy

Cirrhosis of Liver

Enteric Fever, Severe

Pernicious Anæmia

Phosphorus-poisoning (x)

Tuberculosis, Acute

Typhic State (62)

Variola

1056. Cystine Crystals

Cystic Calculus

Intestinal Putrefaction

1057. Uric Acid Crystals

Urates in very acid urine.

1058. Spermatozoa

Normal after coïtus.

Masturbation

Rectum, Loaded

Spermatorrhœa

1059. Gonococci

Gonorrhœa

1060. Bacilli, etc.

The urine, which is often clear and acid, must be drawn off and a culture made. Some non-pathogenic organisms are normally present.

B. coli communis

cystitis, pyelitis, prostatitis, etc.

B. Klebs-Loeffler

30 per cent. of diphtheria cases

*B. paratyphosus**B. proteus**B. pyocyaneus**B. smegmæ**B. tuberculosis*

tubercle of urinary tract

B. typhosus

enteric (25 per cent.)

*Diplococcus of Pneumonia**Micrococcus Melitensis*

Pneumobacillus of Friedländer

*Pneumococcus**Staphylococcus pyogenes**Streptococcus pyogenes*

(See *Bacteria*, 1495)

1061. *Torula cerevisiæ*

Diabetes

Glycosuria

1062. Hooklets

Hydatids

1063. Eggshells and Flask-shaped Bodies

Distoma Hæmatobium

1064. CASTS

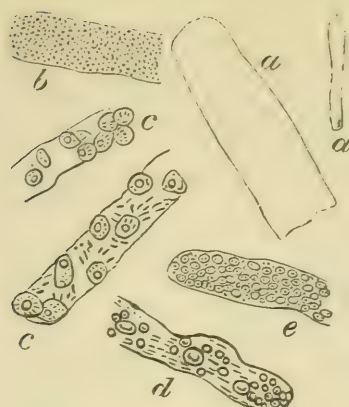


FIG. 9—CASTS.

a, hyaline; *b*, granular; *c*, epithelial; *d*, fatty; *e*, blood.

The centrifuge should be used. A few isolated casts may usually be ignored. They are sometimes unexpectedly absent; this is believed to be due to bacterial action (*B. coli*). Further, if urine is allowed to stand too long, casts will sometimes disappear. Mixed casts occur.

1065. Hyaline or Fibrinous

A few are often present normally. They can be demonstrated in doubtful cases with hæmatoxylin.

Amyloid Kidney
Diabetes
Diphtheria
Displaced Heart
Intermittent Albuminuria
Jaundice
 yellowish
Mitral Disease
*Nephritis, Acute
 both small and large
*Nephritis, Chronic
 large—numerous
Pancreatitis, Acute

Polycythæmia, Splenomegalic

Pregnancy

Pyrexia (295)

1066. Granular Casts

Amyloid Kidney
Cirrhosis of Kidney
Cyanotic Kidney (x)
*Nephritis, Chronic
 late

Polycythæmia, Splenomegalic

1067. Epithelial Casts

Action of Irritants
Congestion, Passive
Jaundice

EPITHELIAL CASTS—*continued*

*Nephritis, Acute

‘cloudy swelling’

Weil’s Disease

1068. Fatty CastsFatty Degeneration of
Kidney

or of a portion of it

Nephritis, Chronic

large pale kidney

1069. Blood Casts

Cancer of Kidney

Congestion of Kidney,
Passive

Cystic Disease of Kidney

Embolism of Kidney

Hyperæmia of Kidney

Nephritis, Acute

Renal Calculus

Also the external or internal
use of cantharides or
turpentine.**1070. Pus Casts**

Abscess of Kidney

Pyelitis

Pyelonephritis

1071. Amyloid or Waxy Casts

Nephritis, Chronic

Not amyloid disease. Of
little significance.**1072. Bacterial Casts**

Pyelonephritis

secondary to crystal-irrita-
tion or septic infarcts**1073. Testicle Casts**

Spermatorrhœa

1074. CylindroidsThese are thinner and often
flatter than casts. They
are composed of mucus
and are of no diagnostic
importance. At most
they indicate :—

Renal Irritation

1075. Prostatic ThreadsThese are just visible to
the naked eye.

Chr. Prostatitis

esp. gonorrhœal

1076. v. Jaksch’s Spirals

Renal Calculus

1077. BOWELS, STATE OF

The contents of the small intestine should travel at the rate of about one inch per minute; but the recent experiments of Holzknecht upon a thousand human beings show that 'peristalsis' (? syphonage) in the *colon* may occupy less than a minute. Syphonage may, however, be quite slow.

A small motion may appear once after obstruction in the bowel has been absolute, but no flatus will be passed.

1078. Constipation and Obstruction

Constipation is said to be more frequent in women because they take less exercise. I suggest also that owing to the thoracic character of their breathing, they miss a good natural form of massage produced by the rhythmic descent of the diaphragm. One form of constipation accompanies abdominal pain and ceases with the relief of this.

Abdominal Aneurysm

„ Tumours (1615)

Acute Yellow Atrophy

Adhesions

Ague

*Amenorrhœa

*Anæmia

Apoplexy, Spinal

Appendicitis

Ascites

*Atony of Bowel or Stomach

Atrophy, Senile

Cancer of Bowel, Kidney,
Pancreas, Stomach, Uterus,
or Rectum

Cirrhosis of Stomach

Compression of Cord

Concretions (1102)

Cretinism

*Diabetes

Dilatation of Colon, Idio-
pathic

„ of Stomach

Diverticulitis

Duodenal Catarrh

Embolism of Sup. Mesenteric
Artery

Enteric (1st week)

Enteroptosis

Erysipelas

Fissure

Gastritis

Gout

Hæmorrhage, Subperinæal

Hæmorrhoids

Hernia, Strangulated

Hyperidrosis

Hypertrophy of Pylorus

Hysteria

Influenza

Insanity

Intussusception

Jaundice (392)

Kinked Bowel

Lactation, Prolonged

*Lead-poisoning

Lithæmia

Locomotor Ataxy

Meningitis

Mucous Colitis

CONSTIPATION AND OBSTRUCTION—*continued*

Myelitis
 Neurasthenia
 Ovarian Tumours
 Paralysis, Acute Ascending
 ,, Intestinal
 ,, of Diaphragm
 Paraplegia
 Pelvic Cellulitis
 Peritoneal Adhesions
 Peritonitis
 except the pneumococcic form
 Polypus, Intestinal
 Prolapse at Sigmoid Flexure
 Prolapsus Uteri
 Prostate, Enlarged
 Prostatitis
 Pyrexia
 Retroflexion and Retroversion
 Scurvy
 Scybala
 Stricture of Rectum, Bowel,
 Pylorus, or Oesophagus
 Tetanus
 Tetany
 Tubal Dilatation
 ,, Gestation
 Tumour of Brain
 Ulcer of Stomach
 Volvulus

Constipation is frequently due to diet—such as excess of eggs or milk or deficiency of liquids or vegetables. It often accompanies a visit to the seaside, especially where the soil is chalky. *A*

1079. Diarrhœa

Diarrhœa is very commonly due to the presence of some irritating substance in the bowel. The stream poured out reflexly from the mucous membrane is apt, however, to start at or below the point of irritation. Drugs, therefore, are indicated which will pour out a stream from *above* until the cause is removed.

Achylia Gastrica
 Addison's Disease
 periodic
 Amyloid Disease
 Appendicitis
 in children and sometimes initially in adults
 Botulism
 Cancer of Liver or Colon
 ,, of Rectum, i.
 morning diarrhœa
 Cholera
 Cirrhosis of Kidney
 ,, of Liver (x)
 Colitis, Ulcerative
 Dilated Stomach
 morning diarrhœa
 Dysentery
 Empyema
 Endocarditis, Ulcerative
 Enteric Fever
 Enteritis
 Gangrene of Lung
 Gastric Irritation
 Gastritis, Erythematous
 Gastro-Enteritis
 in children
 Glanders, *ii*.
 Hepatitis, Acute
 Hydrocephalus, Spurious

DIARRHŒA—*continued*

Intussusception
 Leukæmia
 Locomotor Ataxy
 gastric crisis
 Lymphadenoma (x)
 Metritis, Acute
 Pancreatitis
 Paralysis of Solar Plexus
 Periarthritis Nodosa
 Peritonitis, Pneumococcic
 Pernicious Anæmia
 periodic
 Phthisis, II.
 Poisoning by Arsenic, Antimony, Mushrooms, etc.
 Pseudo-Leukæmia Infantum
 Ptomainism [tum]
 Puerperal Fever
 Pyæmia
 *Retained Scybala
 Rickets
 Septicæmia
 Sprue
 Syphilitic Liver
 Tabes mesenterica
 Trichinosis
 Tuberculosis, Acute
 Ulceration of Bowel
 Uræmia

1080. Flatulence and Borborygmi

Borborygmi, the internal abdominal noises so commonly heard, are due to exaggerated 'segmentation movements' in the bowel.

Abdominal 'Angina'

„ Cancer

„ Tumours (1615)

*Aërophagia Nervosa
 Cirrhosis of Liver
 *Constipation (1078)
 Cyanotic Liver
 Dilatation of Stomach
 Dysentery
 Dyspepsia
 Emphysema
 Enteritis
 Fæcal Accumulation
 Gastritis
 Heart Disease
 Hypochondriasis
 *Hysteria
 Intestinal Obstruction
 Jaundice (392)
 Lithæmia
 Nervousness
 Neurasthenia
 Œsophago-tracheal Fistula
 Tight Lacing
 Tympanites (1700)
 The pulses, earthed vegetables and stewed fruits are common causes.

Meteorism, see 1700

1081. Tenesmus (Frequent and fruitless straining)

Adenoma, Rectal
 Appendicitis (x)
 Calculus, Vesical
 Cancer of Colon Desc.
 „ of Rectum
 Colitis
 Concretions
 Diarrhœa, III.
 *Dysentery
 Fissure of Anus
 Fistula
 Foreign Body in Rectum
 Hæmorrhoids

TENESMUS—*continued****Intussusception, Acute**

50 per cent.

Intussusception, Chronic

10 per cent.

Locomotor Ataxy

rectal crises

Metritis, Acute**Ovarian Cyst****Poisoning by Arsenic, Cantharides, and other irritants****Polypus, Rectal****Proctitis****Prostatic Disease****Retroflexion*****Scybala****Stenosis of Rectum****Volvulus**

15 per cent.

Ulcer, Syphilitic

„ of Colon

„ of Rectum, Simple

Worms**1082. Painful Defæcation****Cancer of Rectum**

scalding

Cancer of Uterus**Coccygodynia****Colitis**

preceding defæcation

Condylomata**Cystitis****Fissure*****Fistula****Foreign Body*****Hæmorrhoids, Inflamed****Ischio-rectal Abscess****Metritis, Acute****Oöphoritis****Ovarian Cyst****Pelvic Cellulitis**

„ Peritonitis

Periproctitis***Prolapsus Ani****Prostatitis****Retroflexed Uterus****Sacro-iliac Disease****Salpingitis****Scybala, Impacted*****Ulcer of Rectum****1083. Prolapsus Ani**

Descent of the bowel.

Calculus, Vesical***Diarrhœa****Hæmorrhoids****Hooping Cough*****Phimosis****Polypus, Rectal****Scybala****Villous Growth****Vomiting****Worms****1084. Rectal Incontinence**

This is normal in infants until the tonicity of the sphincter muscle has been acquired. At a later age, apart from occasional lapses, it is due to inadequate action of the sphincter.

An intermediate condition, 'precipitate defæcation,' occurs, especially in association with spastic paralysis.

Apoplexy***Cancer of Rectum, II.****Cholera**

RECTAL INCONTINENCE—*continued*

Chorea, Severe

*Coma (64)

Convulsions

Cord, Compression of

,, Injuries to

Diarrhœa (1079)

Disseminated Sclerosis

esp. in sacral form

Dysentery

Enteric

Epilepsy, II.

Erb's Spinal Paralysis

Fissure of Anus (x)

Fistula

Hæmatomyelia

Hooping Cough (x)

Leptomeningitis, Spinal, II.

Locomotor Ataxy, II.

Myelitis

Paralysis, Diphtheritic

,, General, of Insane, II.

Paraplegia

,, , Ataxic

Perinæum, Lacerated

Poisoning by Strychnine or Prussic Acid

Procidentia Recti

Shock

Spastic Paraplegia

Spinal Meningitis, II.

,, Meningeal Hæmorrhage

Sunstroke

Syringomyelia

Tetanus

*Typhic State (62)

Uræmia

Worms (x)

1085. STOOLS

The normal reaction is faintly alkaline or neutral. An acid reaction implies carbohydrate fermentation; an alkaline one, putrefaction.

For purposes of examination the motion should be passed in a dry chamber, without admixture of urine or water, and without the previous administration of an enema. The colour of the adult's stool is due chiefly to urobilin; of the infant's, to bilirubin. Before examining for minute quantities of blood, all meat products must be left out of the dietary for 24 hours. The guaiacum test may be used (962). Saundby's test is as follows. Place a small portion of the fæces in a test-tube with 10 drops of a saturated solution of benzidin. On adding 30 drops of hydrogen peroxide (20 vols.) a persistent dark blue results. But there are many sources of blood.

1086. Flattened Fæces

Cancer of Rectum

*Hæmorrhoids

Ischio-rectal Abscess

Prostate, Enlarged

Prolapsus Uteri

Rectal Growths

Retroflexion

Spasm of Sphincter

Stricture of Rectum

Uterine Fibroids

Dysentery

Ingestion of Opium

Retained Fæces

Ulcer of Stomach

1089. Pale or Putty-coloured Fæces

Pale stools in conjunction with urine of natural colour are suggestive of hepatic insufficiency.

Acute Yellow Atrophy, I.

Amyloid Liver

Anæmia (385)

Appendicitis

Cancer of Duodenum

Cancer of Liver

Cirrhosis of Liver

Cæliac Disease

'porridge stools'

Diarrhœa, Irritative

*Enteric Fever

like pea-soup

*Jaundice (392)

esp. the obstructive variety

Mucous Colitis

1087. Pipe-like Fæces

Intussusception

*Prolapsus Ani

Scybala, Pressure of

Spasm of Colon

Starvation

Stricture of Rectum

Tenesmus

1088. Scybala (Round and Hard)

Cancer of Bowel

Constipation

*Diabetes

Dilatation of Stomach

PALE OR PUTTY-COLOURED

FÆCES—*continued*

Pancreatic Disease

‘orange -juice’

Retention of Fæces, Pro-
longed

Rickets

Sprue

drab or white—frothy
Also a milk or vegetable
diet.

1090. Green (Infants)

Cholera, Spasmodic, I.

*Dentition

Diarrhoea, Irritative

Enteritis, Acute

Hydrocephalus, Spurious

Methylene Blue

taken internally

Calomel produces ‘chopped
spinach’ stools.

1091. Slate Colour

Iron, bismuth, charcoal, or
manganese internally.

1092. Serous Stools

Arsenic-poisoning

*Asiatic Cholera, II.

rice-water stools

Cancer of Rectum
scalding

*Cholera, Sporadic

Diarrhoea, II.

Dysentery

*Enteritis, Acute

Mushroom-poisoning

Sunstroke

1093. Offensive Stools

Decomposition of intestinal
contents — often from
deficiency of bile. Sour
stools are said to be due
to the bacteria which
thrive on sugars and
starches; foul stools to
those which attack pro-
teids.

Cancer of Colon or Rectum

Caloroma

Cholera Infantum

Celiac Disease

Dysentery

Enteric Fever

Enteritis, Acute

Erysipelas

Gastritis, Acute Erythe-
matous

Glanders, II.

Jaundice (392)

*Retained Fæces

Rickets

Scrofula

Sulphur (Internally)

Syphilitic Ulceration

Ulcer of Colon

*Undigested Food

Yellow Atrophy, Acute

1094. Pus in Stools

Intestinal digestion soon
alters the appearance of
pus; that from an ulcer
is usually in lumps.

*Abscess

rupturing into bowel—
appendicular, cholecystic,
hepatic, ischio-rectal,
pelvic, perinephric, peri-
proctic, psoas, etc.

Cancer of Colon

,, of Rectum

PUS IN STOOLS—*continued*

Dysentery
Enteritis
Fistula
Proctitis, Acute
Ulcer of Rectum

* * Exclude pus from urethral
or vaginal discharges.

1095. Tarry Stools (Melæna)

Hæmorrhage from stomach
or upper part of small
intestine; unless very
copious (1096).

Acute Yellow Atrophy
Ankylostomiasis
Buhl's Disease
Cancer of Liver

*Cancer of Stomach, Duode-
num or Intestine

Cirrhosis of Liver
Dysentery
Embolism of Mesenteric
Artery

Enteric Fever
Hæmophilia
Leukæmia

Melæna neonatorum

Mitral Disease

Parasites, Intestinal
Pancreatitis, Chronic
Portal Obstruction

Purpura

*Ulcer, Duodenal, Œsopha-
geal, Gastric, or Intes-
tinal

Melæna is simulated by the
effect of the meat and
hot-water treatment. Red
wine, black cherries, and
blackberries all darken
the stool.

1096. Bright Blood in Stools

Hæmorrhage from large,
or lower part of small,
intestine; or, when peri-
stalsis is very active,
from the upper part. If
mixed with a fluid motion
it probably comes from
the cæcum or ascending
colon.

Acute Yellow Atrophy

Amenorrhœa (x)

Amyloid Intestine

Anæmia, Aplastic

Ankylostomiasis

Aneurysm (rupture)

the hæmorrhage may, how-
ever, be due to pressure
upon the intestinal veins

Arsenic-poisoning

Bilharzia, Rectal

*Cancer of Rectum or Intes-
tine

Colitis, Ulcerative

Dengue

Diarrhœa, Inflammatory

Dysentery

often with fleshy lumps—
'meat washings'

Embolism, Mesenteric

Enteric Fever

not necessarily from per-
foration

Fistula

Gastrostaxis

Hæmoglobinuria, Infantile

Hæmophilia

*Hæmorrhoids, Internal

Infantile Scurvy

Injuries

Intermittent Fever, Severe

Intussusception

Irritant-poisoning

BRIGHT BLOOD IN STOOLS—*continued*

Leukæmia

Malta Fever (x)

Menstruation

Nephritis, Chronic

Papilloma

Perforation of Bowel

Pernicious Remittent

Phosphorus-poisoning

Polypus

***Portal Obstruction**

Proctitis, Hæmorrhagic

Prolapsus Ani

Purpura

,, Henoch's

Relapsing Fever

Scurvy

***Ulcer of Bowel**

solitary, tuberculous, enteric, or syphilitic

Ulcer, Gastric

Varix, Rectal

Vascular Growths

***Villous Tumour**

Yellow Fever

In suspicious cases, the guaiacol test must be used; but there are so many sources of blood in the motions that too much importance should not be attached to the presence of a small quantity.

Hæmatoxylin, taken internally, produces red stools.

1097. Membranes and Shreds in Stools

Cancer of Intestine

sloughs or portions of bowel

***Colitis, Membranous**
casts

Croupous Cholecystitis

Dysentery

Malignant Relapsing Fever

Proctitis, Acute

1098. Indol Excessive

Achyilia Gastrica

Chlorosis

Constipation

Hyperchlorhydria

Pernicious Anæmia

1099. Mucus in Stools

The higher in the intestine the lesion, the less the mucus in the stool. Mucus is often opaque and is sometimes tape-like. That from the sigmoid flexure may be gelatinous.

Ascarides

Bilharzia of Sigmoid Flexure

Cancer of Rectum

***Colitis, Mucous**

fæces coated with mucus

Colitis, Ulcerative

Diarrhoea, Inflammatory

***Duodenal Catarrh**

mucus mixed with bile

Dysentery

***Enteritis**

fæces mixed with mucus

MUCUS IN STOOLS—*continued*

Foreign Body
 Gastritis, Chronic
 Hæmorrhoids
 Impacted Fæces
 Intussusception
 Polypus, Rectal
 Proctitis
 Prolapsus Ani
 Ulcer of Large Bowel
 dysenteric, syphilitic, ster-
 coral, or tuberculous

1100. Fat in Stools

Normal in small amount.
 If the excess is due to
 pancreatic disease, it will
 disappear on giving a
 preparation of pancreas;
 but it may arise from
 hurried passage as in
 diarrhœa or to eating too
 much fat.

Bile-duct, Occluded
 Coeliac Disease
 Duodenum, Cancer of
 Dyspepsia in Infants
 undigested fatty portion
 of milk. These are *not*
 curds.

Enteric Fever
 Gout
 Jaundice, Obstructive
 Pancreas, Calculus in
 ,, Cancer of
 Pancreatitis
 Pernicious Anæmia
 Sprue
 Tuberculous Enteritis

* * 'Butter Stools' sometimes
 appear in pancreatic in-
 sufficiency.

1101. Undigested Food

Achylia Gastrica
 *Atony of Stomach
 Carcinoma
 Defective Mastication
 Dentition
 Diarrhœa lenterica
 *Excess of (or Improper)
 Food in Infants
 Gastro-Intestinal Fistula
 Elastic fibres are digested
 in the small intestine.

1102. Concretions, etc.

Bezoar (Hysteria)
 Drugs
 soda, chalk, magnesia, bis-
 muth, salol, etc.
 Gallstones
 if multiple, they are faceted
 Pancreatic Calculi
 Scybala, Stonelike
 * * There is also a fatty acid
 stone produced by large
 doses of olive oil.

1103. Sand in Stools

It consists of calcium phos-
 phate with a little oxalate.
 A feast of bananas or
 pears will produce it in
 appearance. The micro-
 scope will distinguish.

Colic (x)
 Colitis, Mucous
 Colon, Cancer of

1104. PARASITES, OVA, ETC.**1105. Nematode Worms***Ankylostoma Duodenale*

about $\frac{1}{2}$ inch long with four
claw-like teeth

Ascaris Lumbricoides

like a pale earth-worm

Ascaris Mystax (x)

similar: contracted from
cats

Oxyuris vermicularis

like small white threads

*Strongylus Gibsonii**Trichocephalus Dispar*

2 to 3 inches long, tapering.
It is unimportant

Trichina Spiralis

1.5 to 3 mm.

1106. Cestode Worms*Bothriocephalus Latus*

rare in Britain. From fresh-
water fish

Tænia Solium

from pork

2 to 4 yards in length;
head size of pin's head
with four suckers and a
ring of hooklets.

Tænia Mediocanellata

from beef

5 to 9 yards long, head with
four suckers but no
hooklets.

1107. Trematoda*Distoma hepaticum*

25 mm. by 12mm., leaf
shaped

Distoma lanceolatum

smaller and narrower

1108. Microscopic Examination

About 5 grains of the faeces
should be shaken up in a
corked test tube, filled
to two-thirds with saline
solution. After standing
for 20 minutes, the super-
natant fluid is poured off.
This process may have to
be repeated several times.
When clear fluid is ob-
tained it must be centri-
fuged.

Amœba dysenteriae

amœbic dysentery

Bacillus anthracis

anthrax

Bacillus coli communis

normal; but more abun-
dant in suppuration

Bacillus dysenteriae

bacillary dysentery

Bacillus tuberculosis

tubercle of intestinal tract

Comma bacillus

cholera

Charcot-Leyden Crystals

helminthiasis

*Eggshells or Eggs of Bil-
harzia**Infusoria**Ova of Worms and Anky-
lostoma**Streptococci**Teischmann's Crystals*

(blood)

Undigested Food

* * The presence of *Bacillus*
typhosus in the stool can
rarely be determined, ex-
cept by culture.

1109. VOMITING, ETC.

The act of vomiting is preceded by an inspiration. Then, with glottis and pylorus closed, the stomach, diaphragm, and abdominal walls contract and the contents of the stomach are expelled. The vomiting centre is near the calamus scriptorius.

The following tests for cancer of the stomach have been found unreliable:—The Fatty Acid in Urine Test, Gluzinski's Tryptophen Reaction, and Saloman's Test. The last, which depends upon the detection of albumen in the vomit, has been somewhat rehabilitated, however.

1110. Free Hydrochloric Acid.—Take about half a drachm of the vomit, and add an equal quantity of Günsberg's reagent on a porcelain dish. A red band will appear on evaporation. The reagent consists of—phloroglucin, 2 grammes; vanillin, 1 gramme; and absolute alcohol, 30 grammes. It is somewhat unstable, and I find it more convenient to soak white paper in it. The dried test paper thus prepared, when heated over a flame, gives the red coloration in the presence of free hydrochloric acid. The stomach having been flushed, the patient should take an Ewald meal, which consists of a roll and two cups of water. One hour afterwards the gastric contents should be withdrawn and examined. The reason for not waiting is that the proteids combine with the HCl so that the latter is then no longer free.

1111. Lactic Acid (Keeling's Test).—After a Boas meal, add one or two drops of a 5 per cent. solution of perchloride of iron to 5 c.c. of the vomit diluted with 50 c.c. of water. If lactic acid is present, a green coloration, best seen against a white background, will result. The Boas meal is made by stirring a tablespoonful of oatmeal in a quart of water and boiling down to a pint. The stomach is to be thoroughly washed out one hour before, and its contents removed one hour after, the meal. (Bread sometimes contains lactic acid.)

1112. Uffelmann's Reagent for lactic acid consists of one part carbolic acid (1 in 20) with two parts distilled water. Mixed with the vomit, it gives, when a few drops of FeCl_2 solution are added, a purple colour which is turned yellow by lactic, and brown by acetic or combined hydrochloric, acid.

1113. Congo Paper.—The red paper turns blue with free hydrochloric acid and with lactic and other free organic acids, the blue being not so intense in the case of the latter.

1114. Nausea and Retching

Ague (præm.)

*Alcoholism

Appendicitis

Anæmia of Brain

Arsenic-poisoning

Cancer of Colon

„ of Liver

„ of Pancreas

Catarrh of Bile-ducts

Cholera, Sporadic and Asiatic

Cirrhosis of Kidney

Concussion of Spine

Congestion of Liver

Conium-poisoning

Enteritis, Acute

Foreign Body in Throat

*Gastric Irritation

Gastritis, Acute and Chronic

Hernia

Hooping Cough

Hydrophobia

Irritant-poisoning

Lead Colic

Measles (prodr.)

Mediastinal Tumour

Menière's Disease

Meningitis Simplex

Migraine

Neurasthenia

Paralysis, Infantile

onset

Pelvic Cellulitis

„ Peritonitis

Perforation of Stomach

Peritonitis

Pharyngitis, Chronic

Poisoning, Irritant

Post-pharyngeal Abscess

*Pregnancy

*Ptomainism

Quinsy

Relaxed Uvula

Roundworms

Scarlatina

*Sea-sickness

Shock

Typhus

Variola (prodr.)

Yellow Atrophy, Acute

1115. Rumination or 'Merycism'

Epilepsy

Hysteria

Idiocy

Neurasthenia

1116. Regurgitation of Food

Aneurysm

Angina, Œsophageal

(?) previously unrecorded.

Bulbar Paralysis

Cancer of Œsophagus

Dilatation of Œsophagus,

Idiopathic

Fibrous Stricture

Myasthenia Gravis

Pouch, Œsophageal

Rumination (1115)

Spasm of Œsophagus

Tumour, Intrathoracic

VOMITING

The classification here adopted is convenient, but it involves some overlapping. Certain forms of vomiting, too, are of a mixed character.

- | | |
|--|---|
| <p>1117. Cerebro-spinal or Projectile Vomiting
 Abscess, Cerebral
 Apoplexy
 *Cerebellar Disease
 Compression of Brain
 Concussion of Brain
 " of Cord
 Epilepsy
 Hydrocephalus
 Hyperæmia of Brain
 Hypertrophy of Brain
 Hysteria
 Locomotor Ataxy
 gastric crisis
 Menière's Disease
 Meningitis, Cerebro-spinal
 " Simple
 " Tuberculous
 Migraine
 Poliomyelitis, Ant. Acute
 onset—often recurrent
 *Sea-sickness
 Shock
 Spinal Paralysis, Acute
 adult form
 Stokes-Adams' Disease
 Thrombosis, Sinus
 Tumour of Brain
 esp. subtentorial</p> | <p>1118. Irritative and Obstructive Vomiting
 Adhesions
 Alcoholism
 Amyloid Liver
 Appendicitis
 Botulism
 Cancer of Colon
 " of Duodenum
 Cancer of Liver
 independent of meals
 Cancer of Pancreas
 Cancer of Pylorus
 long after meals
 *Cancer of Stomach
 Catarrh of Bile-ducts
 Cholera, Asiatic
 " Sporadic
 Cirrhosis of Liver
 " of Stomach
 *Colic
 *Dilatation of Stomach
 large quantities at long
 intervals
 Emetics, Action of
 Enteritis, Acute
 Gastritis, Acute and Chronic
 Gastralgia
 Gastric Irritation
 Henoch's Purpura
 *Hernia
 esp. when strangulated
 Hour-glass Stomach
 Hypertrophy of Pylorus
 *Intestinal Obstruction
 early if in small intestine,
 later and fæcal if in large
 intestine</p> |
|--|---|

IRRITATIVE AND OBSTRUCTIVE

VOMITING—*continued*

Intussusception

faecal if near valve

*Irritant Food

Ileal Kink

Kidney, Movable

when adherent

Liver, Cyanotic

Pancreatitis

Pellagra

Peritonitis, Acute

Poisoning by :—

Aconite

Antifebrin

Antimony

Antipyrin

Arsenic

Cantharides

Chloroform

Copper

Digitalis

Ergot

Iodine

Lead (x)

Mercury

Mushrooms

Nicotine

Petroleum

Phosphorus

Silver

Sulphonal

Trional

Veronal

Zinc

Portal Obstruction

Ptomainism

Roundworm

Stricture of Œsophagus

*Stricture of Pylorus

Thrombosis, Mesenteric

Trichinosis

*Ulcer of Duodenum

u 2 hours after food

Ulcer of Intestine

*Ulcer of Stomach

soon after food

Volvulus

Worms

1119. Reflex Vomiting

Asthenopia

Astigmatism

Bronchial Glands, Enlarged

Bronchiectasis

Cystitis

Dysmenorrhœa

Endocarditis, Ulcerative

Exophthalmic Goitre

Gestation, Extra-uterine

Glandular Fever

Hepatic Abscess

* „ Colic

Hepatitis, Acute

Hooping Cough

Hydronephrosis

Hysteria

Intercostal Neuralgia

Locomotor Ataxy

Lung, Fibroid

Lymphadenoma

Mediastinal Tumour

Metritis, Acute

*Migraine

Mountain Sickness

Movable Kidney

Myocarditis, Acute

Oöphoritis

Ovarian Cyst

Pelvic Cellulitis

„ Peritonitis

Pneumonia, Lobular

REFLEX VOMITING—*continued*

*Pregnancy

 u to third month

Prostatitis

Renal Calculus

Sea-sickness

Shock

Trichinosis

Uterus, Retroversion of

Vomiting also occurs after blows upon the epigastrium or testicle and from offensive sights and smells.

1120. Toxæmic Vomiting

Acute Yellow Atrophy

Acetonuria

Addison's Disease

Ague (præm.)

Anæmia

Angio-neurotic Edema

Cirrhosis of Kidney

Conium-poisoning

Cyclical Vomiting

Diabetes, III.

Endocarditis, Septic

Gangrene of Lung

Gout, Undeveloped

Hæmoglobinuria, Infantile

Influenza

Milroy's Disease

 crisis

Mumps (onset)

Nephritis

Paroxysmal Hæmoglobin-
 uria

Pernicious Anæmia

Remittent Fever

Roseola

*Scarlatina (onset)

Sewer Gas

Typhic State

Ulcerative Endocarditis

Uræmia

 vomit said to contain urea

Variola (onset)

Weil's Disease

Yellow Fever

 I. clear; II. black

1121. Hæmatemesis (Vomiting of Blood)

The blood is usually dark, clotted, free from froth and mixed with food. It often resembles coffee-grounds.

Acute Yellow Atrophy

*Amenorrhœa

Aneurysm, Rupture of

Appendicitis (x)

 „ Larvata

Buhl's Disease

Cancer of Liver

 „ of Oesophagus

Cancer of Stomach

 20 per cent.

Chloroma

Cholera (x)

Cirrhosis of Kidney

 „ of Liver

 „ of Stomach

Cyanotic Liver

Dengue

Dilatation of Stomach (x)

Diphtheria (x)

Foreign Body

 perforating

Gallstone

 ulcerating into duodenum

HÆMATEMESIS—continued

- Gastritis, Chronic
- Gastrostaxis
(oozing of blood)
- Glass, Swallowed
e.g. from broken tube of a
feeding-bottle
- Hæmophilia
- Infantile Scurvy
- Intussusception (x)
- Leukæmia
- Lymphadenoma, III.
- Malarial Cachexia
- Malingering
- Mediastinal Growth
ulcerating
- Mitral Stenosis
- Pancreatico - Duodenal
Fistula
- Pancreatitis, Acute
- Pernicious Anæmia
- Poisoning by :—
 - Arsenic
 - Antimony
 - Corrosives
 - Phosphorus
- Portal Obstruction
- *Portal Thrombosis
- Purpura
- Pyæmia
- Pylephlebitis, Adhesive
- Remittent, Severe
- Rupture of Varicose Eso-
phageal Vein
- Scarlatina, Malignant
- Scurvy (x)
- *Splenic Anæmia
- Syphilis of Stomach
- Trauma
- Typhus
- Ulcer of Duodenum

*Ulcer of Stomach
50 per cent.

Uræmia

*Valvular Disease
Variola, Malignant
Weil's Disease
Yellow Fever

* * Exclude swallowed blood
coming from lungs, nose,
and teeth, and, in infants,
from the mother's cracked
nipples.

1122. Eructations and Acid Risings

Aërophagia Nervosa
Angina Pectoris (term.)
Atony of Stomach

*Dilatation of Stomach
Dysentery
Gastralgia
Gastric Irritation
„ Ulcer
Gastro-Succorrhœa

*Hyperchlorhydria
Hysteria
Metritis, Acute
Neurasthenia

Œsophageal Pouch

can be emptied by pressure
above left clavicle

Peritonitis
Trichinosis

1123. Pyrosis or Waterbrash

Clear-water vomit, some-
times very copious.

Cancer of Pancreas
Dyspepsia

*Gastritis, Chronic

1124. Gastric Motility and Pancreatic Test

To test this, half a gramme of salol in glutoid capsules is swallowed with an Ewald meal. The urine should give a violet coloration with perchloride of iron within 4 to 6 hours. Pancreatic juice digests the glutoid capsule, and a delay may mean :—

Cancer of Head of Pancreas
 „ of Stomach
 Dilatation of Stomach
 Obstruction of Duct Orifice
 Stricture of Pylorus

1125. Currant Test

A delay of over 24 hours in finding the fruit or seeds after a currant meal implies impaired gastric motility.

Cancer of Stomach
 Dilatation of Stomach
 Pyloric Stricture

CHARACTER OF VOMIT**1126. Hyperchlorhydria**

Excess of free hydrochloric acid (1110)

Less diagnostic importance is attached to this condition now.

Gastralgia

Gastric Irritation

*Gastric Ulcer

1127. Hypochlorhydria

Absence or diminution of free hydrochloric acid.

Achylia Gastrica

Anæmia

Atrophy of Gastric Mucous Membrane

*Cancer of Stomach
 progressive diminution

Carcinoma, Systemic

Dilatation of Stomach

Gastritis, Acute

„ Alcoholic

Hysteria

Kidney, Tumour of

Myxœdema

Nephritis

Neurasthenia

Pernicious Anæmia

Pulmonary Tuberculosis

** Free HCl, however, is said to be normally absent in 40 per cent. of persons over 50 years of age.

1128. Lactic Acid after Boas Meal

Lactic and Acetic Acids indicate fermentation processes in the stomach.

Atrophy of Stomach

Cancer of Stomach

*Dilatation of Stomach

Hour-glass Stomach

(See 1111)

Blood (see *Hæmatemesis*, 1121)

Coffee-ground (see *Hæmatemesis*, 1121)

1129. Albumose*In Excess*

Gastric Ulcer

Deficient

Cancer, Gastric

Gastric Atrophy

Gastritis, Acute

1130. Succus Entericus

This can be detected by its
power of digesting white
of egg in an *alkaline*
medium.

Intestinal Obstruction

Pyloric Incompetence

Vomiting, Prolonged

1131. Bile

Vomiting with stomach
empty. Normal bile has
not a bitter taste.

Duodenal Obstruction

below duct

Hepatic Colic

termination

1132. Mucus

Chronic Gastritis

Dilatation of Stomach

****** Swallowed sputa must be
excluded.

1133. Pus

Abscess, Rupture of

Gastritis, Phlegmonous

Exclude swallowed pus, *e.g.*
from quinsy.

1134. Sarcinæ and Torulæ

Cancer of Pylorus

Dilatation of Stomach

1135. Bacillus Filiformis

Cancer of Stomach

if abundant in a nearly
empty stomach (Boas)

1136. Oppler Boas Bacillus

Cancer of Stomach

Dilatation of Stomach

Lactic Acid with Stagnation

1137. Fæcal Vomiting

Colon, Obstructed

Gastro-colic Fistula

Hernia, Strangulated

Peritonitis, Severe

Volvulus

1138. Jaworski's Kernels

The free nuclei of epithelium
cells or of leucocytes.

Hyperchlorhydria

1139. THE SPUTA

The naked-eye appearances of the expectoration are indicated by the groups into which this section is divided. By far the most important microscopical examination is the search for the *Tubercle Bacillus*. The expectoration selected should be that of the morning, and if possible should include one of the small cheesy masses. For technique, see 1553. It must be remembered that tubercle bacilli rarely appear in the sputa till the stage of softening has been reached.

1140. Elastic Tissue.—The presence of elastic tissue is generally indicated when flocculi are observed. To see the hooked and curled fibres under the microscope, the sputa should be boiled with an equal quantity of a 10 per cent. solution of caustic soda. The gelatinous mass must be well diluted with water and the sediment centrifuged.

The sputa in uræmia often contains urea. Of the following divisions, two or more may co-exist in the same patient. This is specially true of *sputa cruda* and *sputa cocta*, where it is probably merely a question of longer or shorter retention.

1141. Scanty Sputa

Asthma, Spasmodic, 1.

Bronchitis, Acute
onset

Cancer of Lung

Catarrhe sec

Diphtheritic Laryngitis, 1.

Hay Fever

Laryngitis, Chronic

Pleurisy, Acute
or absentPneumonia, Acute
onset

Tuberculosis, Acute Miliary

1142. Frothy Sputa

Denser after a night's rest
because the bubbles have
had time to burst.

*Bronchitis, Acute

Bronchorrhœa

watery and abundant

Emphysema

Gangrene of Lung

upper layer of sputa

Œdema of Lungs

'wine-froth' or, if free
from blood, 'soapsud'

Pneumonia, Acute Lobular

1143. Viscid or Sticky Sputa

Broncho-pneumonia

Hooping Cough

Phthisis

pneumonic form

*Pneumonia, Acute

** Millers and bakers get a
viscid lining to the air
tubes from inhaling flour.

1144. Mucous or Translucent (Sputa cruda)

Asthma, Spasmodic
termination of a slight
attack

Bronchial Glands, Enlarged
Bronchitis, Acute
termination

Broncho-pneumonia
Catarrhe sec
'pituitary sputa'

Emphysema
Enteric Fever
Hooping Cough
Infiltrated Cancer of Lungs
Influenza
Laryngitis, Acute
Measles
Mediastinal Abscess
Pharyngitis
Phthisis, I.

1145. Muco-purulent or Opaque (Sputa cocta)

Asthma, Spasmodic
end of severe attack

*Bronchitis, Chronic
Hooping Cough, III.
Hydatids of Lung
Measles (defervescence)
Phthisis, III.
Pneumonia, Acute
stage of 'resolution'

1146. Nummular Sputa

Concrete circular masses.
The shape is usually that
of the pouch or cavity in
which the sputum collects.

Bronchorrhœa

Bronchiectasis
Cirrhosis of Lung
*Phthisical Cavity
Pneumonia (x)

Sinking in water implies
long retention.

1147. Purulent Sputa

Bronchial Glands, Enlarged
Bronchitis, Acute, III.

*Bronchitis, Old Chronic
Broncho-pneumonia

Bursting of an abscess or
collection of pus into a
bronchial tube:—

diaphragmatic, pulmonary,
hepatic, or mediastinal
abscess; empyema or
pyonephrosis.

1148. Blood-streaked

Usually due to the violence
of the cough.

Abscess of Lung

Adenoids

Aneurysm

Aspergillosis

Bronchitis, Acute (x)

„ Chronic (x)

*Bronchitis, Plastic

*Cancer of Lung

Emphysema

Hæmoptysis

passing off or præmon.

Laryngeal Growth

Laryngitis

Malformation of Heart

Mediastinal Abscess

*Pharyngitis, Chronic

*Pharyngitis, Granular

Phthisis, II.

Pneumonia, Acute

BLOOD-STREAKED—*continued*

Pulmonary Apoplexy

dark

Tonsillitis

Typhus (prodr.)

Ulcer of Larynx

***Varix, Pharyngeal**

Also from bleeding teeth,
spongy gums, or from
retching.

1149. Hæmoptysis

Vomiting of bright-red and
often frothy blood un-
mixed with food.

Actinomycosis

Amenorrhœa

vicarious

***Aneurysm, Bursting of**
systemic or pulmonary

Angioma Laryngis

Aortic Cusp Rupture

,, Regurgitation

Arterio-sclerosis

Aspergilliosis

Blows on Chest

Bronchiectasis

Bronchial Glands, Enlarged

Bronchitis (x)

,, Plastic

Bronchorrhœa

Cancer of Larynx

,, of Lung

Cirrhosis of Lungs

Congestion of Lungs
mechanical

Diaphragmatic Abscess

bursting into lung

Distoma pulmonale

chronic recurrent hæmor-
rhage

Emphysema (x)

Empyema

on bursting

Endarteritis, Pulmonary

in gouty persons

Fat Embolism

Foreign Body, Impacted

Fractured Ribs

piercing lung

Gangrene of Lung

Hæmophilia

Hepatic Abscess

bursting into lung

Hydatids of Lung

Hypertrophy of Heart

Jaundice (x)

Laryngitis, Hæmorrhagic

Larynx, Cancer of

,, Lupus of

,, Ulceration of

Leukæmia

Lung-Fluke of Corea

Lymphadenoma

Malformation of Heart

Malignant Fevers

Malingering

gum sucking

Mediastinal Tumours

Mitral Stenosis and Regur-
gitation

Pernicious Anæmia

***Phthisis**

60 per cent.

Plague

Pleurisy, Old

rupture of adhesions]

Pneumonia, Acute (x)

,, Septic

Pneumonoconiosis

HÆMOPTYSIS—continued

Pulmonary Embolism
 „ Thrombosis

Purpura

Sarcoma of Lung

Scurvy

Syphilitic Disease of Lungs

Traumatism

Typhus (x)

Variola, Hæmorrhagic

Varix of Lingual Tonsil

**** Beware of malingerers,
 epistaxis posterior, etc.**

Bacterium *Prodigiosum*
 growing in the air passages
 produces red sputa.

1150. Rusty Sputa

Distomiasis

***Pneumonia, Acute**

Pyæmia

Siderosis

magnetic oxide of iron

Tuberculosis, Acute (x)

1151. 'Currant Jelly' Sputa

Cancer of Lung

Hysteria (?)

1152. 'Prune-juice' Sputa

***Cancer of Lung**

Gangrene of Lung

Œdema of Lung

Pneumonia, Septic

Sarcoma of Lung

1153. Anchovy Sauce Sputa

Hepatic Abscess, Amœbic
 bursting into lung

1154. 'Bolloed Sago' Sputa

A nearly globular mass
 resembling a grain of the
 above—often black. It is
 formed in the laryngeal
 pouch.

Laryngeal Catarrh

Laryngitis, Chronic

1155. Casts

***Diphtheria**

Membranous Laryngitis

***Plastic Bronchitis**

tree-like when suspended in
 water—soluble in caustic
 alkalies.

Pneumonia, Acute (x)

1156. Black Specks

Anthraxis

Gangrene of Lung

Inhalation of Coal-dust, Fog,
 or Smoke

Phthisis (x)

1157. 'Gooseberry-skins'

(*Echinococci*)

Hydatids invading a lung.

1158. Calcareous Concretions

These form with great rarity
 in the lungs and may
 appear in the sputa.

1159. Dittrich's Plugs

They look like mustard
 seeds.

Bronchiectasis

**** Plugs from the tonsillary
 crypts must be excluded.**

1160. Blue Sputa

Bacillus Pyocyaneus

* * Also workers in ultramarine.

1161. Greenish or Bilious Sputa

Actinomyces

Carcinoma (x)

Chloroma

Gallstones, Impacted
with biliary fistula

Hepatic Abscess
with fistula

Icteric Pneumonia

1162. Fetid Sputa

Abscess, Subphrenic

Actinomyces

Bronchiectasis

Cirrhosis of Lung

Empyema, Bursting

*Gangrene of Lung
with tinder-like masses

Phthisis

large cavity

Syphilitic Laryngitis

1163. Albuminous Sputa

The mucus must be precipitated from the sputa (previously mixed with saline solution) by acetic acid and the filtrant boiled.

Albuminuria

Broncho-pneumonia

Miliary Tuberculosis, Acute
(x)

Mitral Disease

Œdema of Lung

Pleurisy, Serous

bursting into lung

Pneumonia, Acute

Tuberculosis, Pulmonary

the quantity is in proportion to the activity of the disease.

* * When found after paracentesis, it is due to œdema of the lung.

1164. MICROSCOPIC CHARACTERS

1165. Curschmann Spirals

Visible under a low magnifying power as corkscrew-like fibres of mucus showing a central thread.

Asthma

Bronchitis, Capillary

„ Plastic

Œdema of Lung

Phthisis

Pneumonia (x)

* * Not present in renal or cardiac asthma.

1166. Charcot-Leyden Crystals

Long pointed vitreous octahedra.

Asthma, Spasmodic

Bronchitis, Chronic

„ Plastic

Emphysema

1167. Fat or Cholestearin

Crystals

Dermoid Cyst

Gangrene

Phthisical Cavity

Pulmonary Abscess

1168. Blood Crystals

Old Hæmorrhage

1169. Elastic Tissue

Curling fibres (1169).

Bronchiectasis

Phthisis, II.

Pneumonia, Acute (x)

Pulmonary Abscess

1170. New Growth Particles

These may sometimes be detected by centrifuging diluted sputa.

Cancer

Myelo-sarcoma

1171. Pollen

Often adventitious.

Hay Asthma

1172. Hooklets

Hydatids of Kidney or of Liver bursting into Lung

Hydatids of Lung

1173. Eosinophile Cells

* Asthma

numerous

Bronchitis, Chronic

a few

Bronchitis, Plastic

1174. Brown Pigmented Epithelial Cells

Answers to the blood test (962).

Brown Induration of Lung

Mitral Stenosis

1175. Distoma Pulmonale, or its Ova

Distomiasis

1176. Paragonimus Westermani

(Liver Fluke of Corea)

Hæmoptysis

- | | |
|---|---|
| <p>1177. Actinomyces
Radiating clubs 10 to
60 $\mu \times 10 \mu$
Actinomycosis</p> <p>1178. Aspergillus Fumigatus
A small-spored fungus
Aspergillosis Pulmonum</p> <p>1179. Staphylococcus Pyogenes
Abscess</p> <p>1180. Pneumococci
Capillary Bronchitis
Empyema
*Pneumonia, Acute
A few are normally present
in the saliva.</p> <p>1181. Friedländer's Bacillus
Pneumonia, Acute
in 5 per cent. of the cases</p> <p>1182. Pfeiffer's Bacillus
Slender, with rounded ends.
Influenza</p> <p>1183. Klebs-Loeffler Bacillus
Diphtheria</p> <p>1184. Bacillus Mallei
Glanders</p> | <p>1185. Bacillus Pertussis
(Of Bordet and Gengou)
Hooping Cough</p> <p>1186. Bacillus Tuberculosis
(1553)
Phthisis
Tuberculosis, Acute Miliary</p> <p>1187. Bacillus Typhosus
Enteric Fever (x)</p> <p>1188. Amœba coli
Hepatic Abscess, bursting
into Lung</p> <p>1189. Spirochetæ
Gangrenous Stomatitis</p> <p>1190. Oidium Albicans or
Leptothrix
Pharyngomycosis
'Phthisis' of Ceylon
Thrush</p> <p>1191. Hairs or Teeth
The former usually adven-
titious.
Dermoid Cyst of Media-
stinum</p> |
|---|---|

1192. COUGH

In the act of coughing, a deep inspiration is followed by closure of the glottis, which is then suddenly forced open by a strong expiration. When the tubes are filled with secretion, or are otherwise encroached upon, it may be impossible to take in sufficient air to produce an effective cough. But many patients seem to think that they can cough without the preliminary inspiration; the consequence is that they wear themselves out with short and useless coughs. If the cough is due to the presence of sputa or a foreign body, it is beneficial; but if due to irritation consequent upon ulceration or dryness, it is harmful and should be suppressed.

A cough may be excited by irritation of any branch of the pneumogastric, even the auricular branch; a familiar instance is the cough sometimes produced by inserting the ear-piece of a stethoscope into the meatus.

1193. Dry or Hacking

All coughs are dry to begin with and reflex coughs continue so.

Acid Fumes

*Acute Bronchitis, *i.*

Adenoids

Aspergilliosis

Bronchial Catarrh, *i.*

Catarrhe *sec*

Enteritis, Chronic

Foreign Body

in air passages or ear

Gastritis, Chronic

Hay Asthma

Hepatitis, Acute

Hepatoptosis

ceases on lying down

Hypertrophy of Heart

Hysteria

Influenza, *i.*

Laryngeal Paralysis
or toneless

Laryngitis, Chronic

Naso-pharyngeal Catarrh

Nervousness

*Pleurisy, Acute

Phthisis, Early

Pneumonia, Acute, *i.*

Polypus in Nose or Ear

*Relaxed Uvula

Rhinitis

Septum, Spur of

Wax in Meatus

1194. Hoarse or Barking

The 'bark' implies that the larynx is involved.

Aneurysm of Aorta

brassy

'Barking Cough of Puberty'

Bronchitis, Acute, *i.* (*x*)

Diphtheritic Laryngitis, *i.*
but later, aphonic

HOARSE OR BARKING — *continued*

Whooping Cough, *1.*

Hydrophobia

Hysteria

Irritation of Stomach

*Laryngitis, Acute

„ Membranous

„ Spasmodic

*Laryngitis, Syphilitic

„ Tuberculous

Masturbation

*Measles

Mediastinal Tumour

Edema Laryngis, *1.*

Perichondritis Laryngea

Pharyngitis, Granular

Pneumothorax

metallic

Polypus of Larynx

Typhus

1195. Paroxysmal Cough

A common cause of paroxysmal cough is the passage into the larynx of mucus from the posterior nares, or of saliva.

*Bronchial Glands, Enlarged

Bronchiectasis

Bronchitis, Plastic

Bronchorrhœa

Calculus, Bronchial

Caries of Dorsal Spine, *1.*

Cirrhosis of Lung

*Foreign Body in Air-passage

Gallstones (*x*)

*Whooping Cough

a succession of quick short coughs, ending, when the child is out of breath, with a 'whoop'

Hysteria

Influenza

Laryngeal Vertigo

Laryngitis, Chronic

Mediastinal Tumour

Mediastinitis

*Phthisical Cavity

Polypus of Larynx

Tonsils, Hypertrophied

Ulcer of Epiglottis

Uvula, Relaxed

1196. Unclassified Coughs

Broncho-pneumonia

Cancer of Lungs

Collapse of Lungs

continual and powerless

Congestion of Lungs

Diphtheritic Paralysis

on eating

Emphysema

Empyema

chiefly on movement

Enteric Fever

Hydatids of Liver (*x*)

„ of Lungs

Hyperæmia of Lungs

Lesion of Medulla

Leukæmia

Lingual Tonsil, Enlarged

Malformation of Heart

Measles

Mediastinal Tumour

'brassy'

Edema of Lungs

with retching

Perihepatitis

on palpation of liver

Pharyngitis, Acute

Phthisis

UNCLASSIFIED COUGHS—*continued*

Post-pharyngeal Abscess
Pregnancy
Pressure on Diaphragm
 by tumours, enlarged liver,
 etc.
Pressure on Pneumogastric,
 Recurrent, or Sympathe-
 tic Nerve
Tuberculosis, Acute
Tuberculous Laryngitis
 on eating
Typhus
Woillez' Disease

1197. Inability to Cough

Ascites, Advanced
Coma
Diaphragmatic Pleurisy
Fractured Ribs
Narcotic-poisoning
Paralysis of Adductors
 ,, of Respiratory
 Muscles
Prostration

1198. ODOURS OF BREATH

In cases where the offensive odour comes from the mouth the smell is absent in the air expired from the nostrils when the mouth is closed and *vice versâ*. If the smell comes equally from mouth and nose, the source is in the pharynx or air passages.

1199. Sweet Breath

Acetonuria

ethereal

*Diabetes

‘new-mown hay’

Lactation

Menstruation (x)

Pyæmia

Septicæmia

. The sweetish breath of beer drinkers is due to amyl acetate.

1200. Bitter-Almond Breath

Hydrocyanic-acid-poisoning

Exclude flavoured cakes, etc.

1201. Alliaceous Breath

Arsenic

Bismuth

due to an impurity—
tellurium

Garlic

Onions

Phosphorus-poisoning

1202. Foul Breath

Abscess, Subphrenic or
Hepatic

opening into the lung

Actinomycosis

Alcoholism

Brominism

Bronchiectasis

like sulphuretted hydrogen

Bronchorrhœa

Cancer of Mouth, Squamous

„ of Gullet

Cancrum oris

Caries of Jaw, Nose, or
Teeth

Dilated Stomach

Diphtheria

Empyema

rupturing into lung

*Fæcal Accumulation

Follicular Tonsillitis

Foreign Body

in nose, pharynx, or larynx

*Gangrene of Lung

Gangrenous Sore Throat

intense

Gastritis, Acute and Chronic

Glossitis

Gums, Septic

Intestinal Obstruction

often stercoral

Iodism

Lead-poisoning

Measles

Menstruation

Mercurialism

Nasal Obstruction (580)

Necrosis of Jaw or Nose

Opium-poisoning

Otitis Media

FOUL BREATH—*continued*

*Ozæna

Peritonitis

Phosphorus-poisoning

Phthisical Cavity

Pyopneumothorax with

Fistula

*Pyorrhœa Alveolaris

Salivation

Scarlatina

Scurvy

*Stomatitis

*Teeth, Foul

Typhus

Variola

Vincent's Angina

Cold Breath (see 292)

1203. BREATHING

The normal rate of respiration is 16 to 20 in the adult, 44 in the new-born, and 26 in a child of five years. Expiration lasts a little longer than inspiration. The best way to count the respirations is to place the hand on the abdomen, as few people breathe naturally if they know their breathing is being watched.

1204. Vital Capacity.—This is the number of cubic inches of air expelled from the lungs after the maximum inspiration. The average for an adult is 225 cubic inches. It is less in the recumbent than in the erect position, and is increased more by stature than by chest measurement. All lung affections diminish it except adherent pleuræ.

1205. Slow Breathing

Ague (hot stage)

Asthma, Spasmodic (x)

Collapse (235)

*Coma (64)

Poisoning by Aconite, Antimony, Chloral, Chloroform, Opium

Shock

Tumour of Brain

1206. Stertorous Breathing or Snoring

This is of two kinds—*Nasal*, when the soft palate impinges against the back of the pharynx; and *Oral*, when it remains in contact with the tongue. Decubitus accounts largely for the difference.

Acute Yellow Atrophy

*Adenoids

Asphyxia

*Coma (64)

Concussion of Brain

Epilepsy, III.

Fractured Skull

Hypertrophied Tonsils

*Narcotic-poisoning

Nasal Catarrh

Œdema of Lungs

*Paralysis of Soft Palate

Post-pharyngeal Abscess

‘hen-cluck stertor’

Quinsy

Rhinitis, Chronic

Septum, Deflected

Uræmia

hissing

1207. Stridulous Breathing

Hissing, squeaking, or whistling breathing due to laryngeal or tracheal stenosis.

Abscess, Post-pharyngeal

Aneurysm, Thoracic

Bronchus, Obstruction of

*Diphtheritic Laryngitis

Dryness of Vocal Chords

Epithelioma, Local

STRIDULOUS BREATHING—*continued*

Foreign Body

Glands, Caseous

rupturing into trachea

Glands, Malignant Cervical

,, Enlarged Bronchial

Hydrophobia

Hysteria

ceasing during sleep

Iodism

*Laryngeal Spasm

,, Tumour

*Laryngismus stridulus

‘child-crowing’

Locomotor Ataxy

laryngeal crisis

Mediastinal Growth

Edema of Larynx

Paralysis, Abductor

Strychnine-poisoning

Syphilis

Tetanus

Thymus, Enlarged

Thyroid, Enlarged

Tracheal Stenosis

‘leopard’s growl’

Tracheitis

Ulcer, Post-Typhoidal

,, Syphilitic

,, Tuberculous

1208. Sighing Breathing

Addison’s Disease

Anæmia of Brain

Collapse (235)

*Dilatation of Heart

Distension of Stomach

Emotion

Fatty Degeneration of Heart

Lesion of Medulla

Meningitis, Cerebro-spinal

,, Simple

,, Tuberculous

Shock

Spurious Hydrocephalus

Syncope

Tobacco in Excess

1209. Shallow Breathing

Angina Pectoris

Broncho-Pneumonia

Collapse (235)

*Collapse of Lungs

Coma Vigil (63)

*Fractured Ribs

Intercostal Neuralgia

*Intercostal Paralysis

,, Rheumatism

Lead-poisoning

*Paralysis of Diaphragm

Peritonitis, Acute

*Pleurisy, Acute

,, Diaphragmatic

Pneumonia, Acute

Syncope

Trance

1210. Jerky Breathing

Asthma, Spasmodic

inspiratory

*Chorea

Gallstones

Hemiplegia

Hydrophobia

inspiratory

Hysteria

inspiratory

Intercostal Neuralgia

expiratory

JERKY BREATHING—*continued****Laryngismus**

inspiratory

Myasthenia Gravis

Neurasthenia

Pleurisy, Acute (onset)

expiratory

Rheumatism of Intercostals

expiratory

***Ribs, Fractured**

expiratory

1211. v. Hösslen's Breathing

Expiration in jets.

Trachea, Compression of
as in aneurysm, etc.**1212. Irregular Breathing**In 'Biot's breathing' the
intervals are of varying,
not graduated, length and
the pauses very long.

Apoplexy

Chorea

Collapse (235)

Collapse of Lungs

pause after inspiration

Hydrocephalus, Spurious

***Lesion of Medulla**

Meningitis, Simple

***Meningitis, Tuberculous**

often of 'Biot type'

Perforation of Bowel

,, of Stomach

Rupture of Abd. Viscus

Shock

Tumour of Brain*1213. Cyclical Breathing**A series of rapid regular
breathings alternating
with long pauses.

Meningitis, Post-basic

1214. Cheyne-Stokes'**Breathing**After a stop, the breathing
is resumed—faintly at
first and then gradually
increasing till it becomes
noisy and strong. After
that it gradually dim-
inishes till the pause
is reached. The whole
cycle lasts about $1\frac{1}{2}$
minutes. It may be
expressed in terms of
music thus:—
$$\text{v} \quad \text{<} \quad \text{>} \quad \text{v}$$
Ominous, unless it occurs
during sleep only, and
this is not very rare in
infants and old people.
It is common at high
altitudes and is always
associated with a high
tension pulse.

Aortic Aneurysm

Apoplexy (term.)

Arterio-sclerosis

Caisson Disease

Cholera

***Diabetes, III.**

Diphtheria

Embolism

***Fatty Degeneration of Heart**

Fibroid Heart

General Paralysis

Hæmorrhage, Severe

Hydrocephalus, III.

Influenza

Int. Spinal Meningitis

Lung, Fibroid

CHEYNE-STOKES' BREATHING
—*continued*

Meningitis, Simple, III.
 „ Tuberculous, III.
 Narcotic-poisoning
 Nephritis, Acute
 „ Chronic
 Pneumonia
 Senile Decay
 Septicæmia
 Softening of Brain
 Tumour of Brain
 *Typhic State (62)
 Uræmia
 Valvular Disease
 Variola

1215. Duckworth's Sign

An apparently complete
 stoppage of breathing
 several hours before the
 heart has ceased to beat.

Intracranial Pressure

1216. Simon's Sign

A dissociation of the move-
 ments of the diaphragm
 from those of the thorax.

Meningitis, Incipient
 children

1217. Inverted Type

Inspiration being longer
 than expiration

Pneumonia
 in children

**1218. Thoracic Breathing,
 Marked**

Abdominal Tumours
 Ascites

Diaphragm, Tonic Spasm of
 *Diaphragmatic Pleurisy
 Emphysema
 Meteorism
 *Paralysis of Diaphragm
 *Perforation of Stomach or
 Intestine
 Pericardial Effusion, Large
 Pericarditis, Acute
 *Peritonitis, Acute
 Pregnancy
 Rupture of Abd. Viscus

**1219. Abdominal Breathing,
 Marked**

Fractured Ribs
 *Pleurisy, Double
 Pneumonia, Double
 Spinal Paralysis
 cervical lesion
 Strychnine-poisoning
 *Tetanus

1220. Suffocative Breathing

Angio-neurotic Œdema
 laryngeal
 *Diphtheritic Laryngitis
 Displacement of Heart
 „ of Trachea
 Fatty Degeneration of Heart
 *Foreign Body in Air-passages
 *Hydrophobia
 Laryngeal Growths
 Œdema Laryngis
 Strychnine-poisoning
 Syphilitic Laryngitis
 on eating
 Tetanus
 Tuberculous Laryngitis
 on eating

1214-1220

1221. DYSPNŒA

Dyspnœa may be divided into hæmic and aërial—hæmic, when insufficient hæmoglobin reaches the air-cells of the lung, as in anæmia; aërial, when insufficient air or oxygen reaches the blood in the air-cells, as in lung diseases. In either case the difficulty is surmounted more or less by increased rapidity of respirations. Inspiratory dyspnœa is commonly the result of obstruction in the air-passages: expiratory, of affections of the air-cells, especially emphysema. There is also reflex dyspnœa (tachypnœa), to which, I think, attention has not been directed. It occurs chiefly in infants, and especially in connection with teething: the rapid breathing (60 to 80 per minute) may easily mislead, but it is quite independent of lungs or blood. Allied to this is the emotional dyspnœa of hysteria etc. Pain sometimes causes dyspnœa by interfering with deep breathing.

1222. Dyspnœa on Exertion

As great exertion will produce dyspnœa in the strong, so slight exertion will produce it in the weak.

Addison's Disease

Adenoids

*Anæmia

Aortic Regurgitation

Bradycardia

Cardiac Asthma

Chlorosis

Cirrhosis of Liver

Dilatation of Stomach

Exophthalmic Goitre

*Fatty Degeneration of Heart
— especially on ascents

Fibroid Heart

Goitre

Hooping Cough

after paroxysm

Hypertrophy of Heart

Influenza

Laryngitis, Chronic

Leukæmia

Lymphadenoma

*Malformation of Heart

Myasthenia Gravis

Neurasthenia

*Obesity

Pernicious Anæmia

Pyrexia

Rickets

Scurvy

1223. Dyspnœa, General

Ac. Ascending Paralysis

Ague (cold stage)

Aneurysm of Heart

Angina Ludovici

Aortic Aneurysm

Aortitis, Acute

Arterio-sclerosis, III.

Asthma, Cardiac

chiefly inspiratory

Asthma, Spasmodic

expiratory

Ascites, III.

Beri-beri

DYS-PNŒA, GENERAL—*contd.*

*Bronchitis. Acute

,, ,, Capillary

,, Chronic

Broncho-pneumonia

Bronchorrhœa

Bronchus, Plugged or Com-
pressed

Cancer of Larynx

,, of Lung

Cirrhosis of Lung

Collapse of Lungs

Congestion of Lungs, Hypo-
static

Conium-poisoning

Cor Bovinum

Crico-arytenoid Ankylosis

,, Arthritis

Diabetic Coma

'air hunger'—deep, not
rapid, breathing

Diaphragm, Tonic Spasm of

Diaphragmatic Hernia

,, Paralysis

,, Pleurisy

Dilatation of Heart

*Displacement of Heart

Dissecting Aneurysm

Emphysema

expiratory

Empyema

Endocarditis, Acute

Enteric Fever

Exophthalmic Goître

Fæcal Accumulation

only if heart is displaced

Fat Embolism

Fatty Heart

Fibroid Heart

Foreign Body in, or pressing
upon, the air tubes

Gangrene of Lung

Glanders

Glands, Malignant Cervical

Glossitis, Acute

Growths, Laryngeal

Heart, Gouty

Hepatic Abscess

of upper surface

Hepatitis, Acute

Hydatids of Liver

if large

Hydatids of Lung

Hydrothorax

Hyperpyrexial Sunstroke

Hysteria

Intercostal Neuralgia

*Intercostal Rheumatism

Laryngeal Polypus

,, Tuberculosis

Laryngismus Stridulus

Laryngitis, Acute

*Laryngitis, Diphtheritic

inspiratory

Laryngitis, Tertiary Syphi-
litic

Locomotor Ataxy

inspiratory—laryngeal crisis

Lymphadenoma

pressure of glands

Measles

Mediastinal Abscess

,, Tumour

Meningitis, Cerebro-spinal

,, Spinal

cervical portion

*Mitral Disease

Myelitis, Cervical

*Œdema of Larynx

,, of Lungs

Œsophageal Tumour

DYSPOŒA, GENERAL—*contd.*

Paralysis of Posterior Cricoa-
arytenoid
inspiratory

Pericarditis

Pericardium, Adherent

Peritonitis

Pleurisy, Acute

Pneumonia, Acute

Pneumoperitonæum

Pneumothorax

Post-pharyngeal Abscess

Pulmonary Apoplexy
sudden

Quinsy

Relapsing Fever

Spasm of Larynx (insp.)

Stenosis of Larynx

*Stenosis of Trachea

Syphilitic Heart

Syringomyelia (insy.)

Thrombosis of Pulmonary
Artery

Thymus, Enlarged
dyspnoea increased with
chin up

Thyroid, Enlarged

Tuberculosis, Acute

Tumours, Large Abdominal
Uræmia

1224. Orthopnoea

Inability to breathe lying
down.

Acute Dyspnoea (1223)

. Especially from causes
which interfere with the
expansion of *both* lungs,
such as double hydro-
thorax or acute tym-
panites; from obstructed
tubes or air-cells, as in
spasmodic asthma, double
pneumonia, etc.; or from

interference with the pul-
monary circulation, as
expressed by the cyanosis
of mitral regurgitation.
(See *Decubitus*, 1281)

1225. Paroxysmal Dyspnoea

Acidosis

Angina Pectoris

Aortic Aneurysm

* Asthma, Spasmodic
expiratory

Bronchial Glands, Enlarged

Broncho-pneumonia

*Cardiac Asthma

Cirrhosis of Kidney

Compression of Trachea

*Embolism of Pulmonary
Artery

Foreign Body in Air-passages

Hydrophobia

Laryngeal Polypus

Laryngismus Stridulus

Laryngitis, Acute

*Laryngitis, Diphtheritic
Locomotor Ataxy

laryngeal crisis

Lymphadenoma

Malformation of Heart

Mediastinal Tumour

Myasthenia Gravis

Œdema Laryngis

„ of Lungs

*Plastic Bronchitis

Strychnine-poisoning

Tetanus

Tetany

Thymus, Enlarged

Thyroid, Enlarged

Trichinosis

Uræmia

Uvula, Elongated

1226. THE VOICE

1227. Voice Lost (Aphonia)

Acute Ascending Paralysis
 Aortic Aneurysm
 Bronchial Glands, Enlarged
 Cholera
 Contracted Cicatrices on
 Vocal Cords
 Coryza
 *Diphtheritic Laryngitis
 Excessive Vocal Exertion
 Exhaustion
 Exophthalmic Goitre
 Foreign Body
 *Growths, Laryngeal
 *Hysteria
 Insanity
 *Laryngitis, Chronic
 Lead Palsy
 Lupus of Throat
 Mediastinal Tumour
 or cracked
 Œdema Laryngis
 Paralysis of Adductors,
 Bilateral
 or weak
 Pericardial Effusion, Large
 Post-pharyngeal Abscess
 Rheumatoid Arthritis
 *Syphilis
 Trichinosis
 Violent Emotion

1228. Weak Voice

Bulbar Paralysis
 Cholera
 Paralysis of Adductors, Bi-
 lateral

Paralysis of Recurrent
 Laryngeal

monotonous, if both;
 cracked on exertion, if
 only one

*Prostration

Tracheotomy

or other open wound of
 trachea

Tuberculous Laryngitis

1229. Hoarse Voice

Acromegaly
 Alcoholism
 Aortic Aneurysm
 Bronchial Glands, Enlarged
 Bronchitis, Acute, I.
 Cancer of Larynx
 Cholera
 Chorditis tuberosa
 *Congestion of Larynx
 Crico-arytenoid Ankylosis
 „ Arthritis
 *Diphtheritic Laryngitis
 Enteric Fever (x)
 ‘laryngotyphus’
 Exophthalmic Goitre
 Follicular Pharyngitis
 Granular Pharyngitis
 *Growths, Laryngeal
 Laryngitis, Acute
 „ Chronic
 „ Syphilitic
 *Laryngitis, Tuberculous
 Measles
 Myxœdema
 leathery
 Pachydermia Laryngis

HOARSE VOICE—*continued*

Paralysis of Superior Laryngeal Nerve
 Perichondritis Laryngea
 Post-pharyngeal Abscess
 Syphilis

1230. Nasal Voice

The nasal voice due to blocking of the nose is less hollow than that due to cleft, paralysed, or perforated palate.

- *Adenoids
 - Bulbar Paralysis
 - Cleft Palate
- *Coryza
 - Diphtheritic Paralysis
 - Hay Asthma
- *Hypertrophied Tonsils
 - Myasthenia Gravis
 - Paralysis of Soft Palate
 - Perforate Palate
 - Pharyngitis, Acute
- *Polypus, Nasal
 - Post-pharyngeal Abscess
 - Quinsy
 - Septum, Excentric
 - Typhus (prodr.)
 - Variola (prodr.)

1231. High-pitched Voice

- Cleft Palate
- Hereditary Cerebellar Ataxy
 - guttural or cracked
- *High Palatine Arch
 - Palate, Perforate
 - Paralysis Agitans
 - „ of both Abductors
 - Senility

1232. Shrieks and Cri Hydren-céphalique

- Anæmia of Brain
- Epilepsy (onset)
- *Hydrocephalus, Acute
 - „ Spurious
- Hysterical Convulsions
- *Night Terrors
- Nightmare
- Pain
- *Tuberculous Meningitis

1233. Cry of Infants

- Colic
 - furious, with knees drawn up
- Collapse of Lung
 - whining
- Diphtheria, II.
 - aphonic
- Dyspnœa, Acute
 - absent
- Earache
 - continuous
- Hereditary Syphilis
 - hoarse, high pitched
- Teething
 - intermittent; with fingers in mouth

1234. Laughter, Uncontrollable

- Disseminated Sclerosis
- Hysteria

1235. SPEECH

1236. Speech Absent (Mutism)

Aphasia, Complete Motor
except a few sounds

Bulbar Paralysis, III.

Complete Deafness

if supervening before the
sixth year

Dementia

Glossitis, Acute

Hysteria

Idiocy

Malingering

Melancholia

Softening of Brain

Thrombosis or Embolism of
Middle Cerebral Artery

1237. Speech Indistinct

*Alcoholism

Bromism

Glossitis

Hysteria

*Mouth, Dryness of

Mumps

Quinsy

Toothlessness

Typhic State (62)

(See *Dysarthria*, 1239)

1238. Differential

In 'scanning speech' each syllable is pronounced separately and deliberately; 'slurred speech' is like that of a drunken man; 'lalling speech' is baby talk; in 'stumbling speech' syllables are duplicated:

Acute Dyspnoea (1223)
interrupted

Aphasia (see 1241)

Bulbar Paralysis

linguo-dentals lost first,
then labials

Chorea

hesitating and jerky

Disseminated Sclerosis

slow and scanning

Epilepsy

monotonous

Facial Paralysis

labials and u, o, and oo,
unsounded

Friedreich's Disease

'scanning'

General Paralysis

slow, slurred and inter-
rupted

Hereditary Cerebellar Ataxy

accented syllables and alter-
nations of pitch

Idiocy

lalling

Paralysis Agitans

first hesitating, then hurried

1239. Anarthria and Dysarthria

In anarthria, though the power of correct speech may be lost, the patient understands what is said to him, and can both read and write.

Lesion of lenticular nucleus or of knee of internal capsule (anterior part).

Dysarthria may be either paralytic or ataxial.

ANARTHRIA AND DYSARTHRIA

—continued

Acute Ascending Paralysis
 Amyotrophic Lateral
 Sclerosis
 Ataxic Paraplegia
 Bulbar Paralysis
 Disseminated Sclerosis
 Facial Paralysis, Double
 Friedreich's Disease
 General Paralysis
 Hemiplegia
 Idiopathic Muscular Atro-
 phy
 Meningitis, Gummatous
 Myasthenia Gravis
 Myelitis
 Neuritis, Multiple
 Paralysis, Diphtheritic
 „ Hypoglossal
 Progressive Muscular Atro-
 phy
 Pseudo-bulbar Paralysis

Functional Dysarthria
 occurs in alcoholism, nar-
 cotie poisoning, etc., as
 well as in stammerers.

APHASIA

Aphasia is of two kinds—
 Sensory and Motor.

1240. Sensory Aphasia

This is divided into *Auditory*
 or Word Deafness; and
Visual or Word Blindness.
 In *Auditory Aphasia* the
 lesion, is in the temporal
 cortex. The patient is
 unable to recognise the
 meaning of spoken lan-
 guage; but he is still
 able to read and to under-
 stand what is written.

In *Visual Aphasia* or
Alexia the lesion is in
 the left angular gyrus,
 The patient is unable to
 write (agraphia) and he
 cannot copy; but he
 can understand spoken
 words and his speech is
 not much affected.

1241. Motor Aphasia

In this the lesion is (*pace*
Marie) in the third frontal
 convolution. The patient
 is quite, or nearly, unable
 to speak or write; but his
 intelligence is temporarily
 clear, and he understands
 what is said to him. If
 he uses words wrongly, he
 is conscious of the error.

The commonest cause of
 Aphasia is blocking of
 the middle cerebral artery.
 If the whole artery is
 obstructed, there will be
 both motor and sensory
 aphasia as well as hemi-
 plegia.

Abscess of Brain

*Embolism

Encephalitis

Fracture of Skull

Gumma

Hæmorrhage, Cerebral

Meningitis

Syphilitic Endarteritis

*Thrombosis

Tumour of Brain

1242. Transient Aphasia

Arterio-sclerosis

Epilepsy, Post-

Hysteria

General Paralysis

Migraine

Neurasthenia

Pregnancy

Raynaud's Disease

Syphilis

Uræmia

Transient aphasia also follows frights and exhaustion, and occurs in poisoning by santonin, belladonna, stramonium, and snake venom.

Allied to Aphasia and Anarthria are the following :

1243. Aphemia

An inability to utter the right word.

1244. Paraphemia

The employment of the wrong word.

1245. Apraxia, Sensory

Failure to recognise a familiar object; thus he may try to write with a tooth brush. It is common in tumour of the corpus callosum. Allied to this is *Mind Blindness*, the subject of which fails to recognise faces, etc.

1246. Apraxia, Motor

Inability to perform certain familiar movements in a non-paralytic person.

1247. Asymbolia

Inability to understand symbols.

1248. Amimia

Loss of power to express meaning by gesture.

1249. Paramimia

Use of the wrong gesture, as nodding for 'no.'

1250. Amusia

Loss of a previous appreciation of music.

There are also mental confusions of taste and smell.

1251. Folie de Pourquoi

Incessant asking of questions (in an adult).

Psychasthenia

1252. Echolalia

Persistent repetition of the same word.

Hysteria

Latah

occurs in Java

1253. Coprolalia

Involuntary and explosive use of bad language

*Gilles de la Tourette's Disease

Hysteria

1254. Bradylalia

Slow speech (see 1238)

1255. Idioglossia

The vowel sounds are correct, but the consonant sounds are confused.

Idiocy

But it is common in backward children, and these gradually grow out of the peculiarity.

1256. HANDWRITING

The writing centre has been assigned to the posterior portion of the second frontal convolution, but many authorities deny its existence.

1257. Altered Writing

Alcoholism

shaky

*Aphasia (1240)

first degree tremulous

with omission of letters ;

second degree lost, with

exception of a name or

a few words (agraphia)

Chronic Softening

Diphtheritic Paralysis

and other paralyses when

affecting hand

Disseminated Sclerosis

vibratile

*General Paralysis of Insane

upstrokes shaky, letters not

joined

Senile Atrophy

Writer's Cramp, and other

technic paralyses of hand

The handwriting is also

necessarily affected by

disablement of the hand

from gout, rheumatoid

arthritis, surgical affec-

tions, etc.

1258. Paragraphia

The writing of wrong letters,

syllables, or words.

1259. Agraphia

Inability to write the word

desired. Common in the

aphasia of migraine.

1260. Mirror-Writing

Only legible when held
before a mirror.

The *left* hand is used for this

test. The symptom is

present in 25 per cent. of

healthy persons over 15.

Aphasia (1240)

especially in the left-handed

Hemiplegia

Hysterical Aphasia (x)

Imbecility (x)

Infantile Cerebral Hæmor-
rhage

Locomotor Ataxy (x)

1261. THE INTELLECT

Unaccustomed environment may give a false impression of dulness. As the sheep is clever enough on its ancestral mountains, but is dull on the plains, so the yokel seems dull in a town and the townsman scarcely less so in the country. Deafness also gives a false impression of dulness.

1262. Dull (Hebetude)

- Absinthism
- Achondroplasia
- Acromegaly
- *Adenoids
- *Alcoholism, II.
- Anæmia of Brain
- Aphasia
- Arterio-sclerosis
- Ataxic Paraplegia, II.
- Atrophy of Brain
- Bromism
- Cerebral Diplegia
- Cerebro-spinal Meningitis, I.
- Cervico-occipital Neuralgia
- Chorea
- *Cretinism
- Disseminated Sclerosis
- Dysentery
- Effusion into Ventricles
- Encephalitis
- Enteric Fever
- *General Paralysis of Insane
- Hæmatoma of Dura Mater
- Hereditary Cerebellar Ataxy
- Huntington's Chorea
- Hydrocephalus, Chronic
- „ Spurious
- Hyperpyrexia
- Hypertrophy of Brain
- Infantile Hemiplegia
- Meningitis, Chronic
- Myoclonus Epilepticus

*Myxœdema

slow cerebration

Neurasthenia

Paranoia, I.

Pseudo-hypertrophic Paralysis

Recklinghausen's Disease

Relapsing Fever

Senile Atrophy

*Softening of Brain

Starvation

Thrombosis of Cerebral Arteries

Trypanosomiasis

Tumour of Brain, Frontal

Typhus

from commencement

Uræmia

1263. Dementia

Alcoholism

Amaurotic Family Idiocy

Atrophy of Brain

Dementia Precox

General Paralysis

Huntington's Chorea, II.

Paranoia

Senility

Softening, Cerebral

Syphilis, Cerebral

Tumour of Brain

esp. of c. callosum

1264. Precocious Mentality

This has been observed in Coeliac Disease and is not uncommon in the tuberculous.

1265. Loss of Memory (Amnesia)

Including impaired memory (hypomnesia).

Apoplexy

Arterio-sclerosis of Brain

Atrophy of Brain, Senile

Bromism

Dementia

'Dual Personality'

Embolism

Epilepsy

General Paralysis of Insane

Hæmatoma of Dura Mater

Hydrocephalus

Hysteria

*Injuries, Head

Korsakoff's Syndrome

Meningitis, Chronic

Multiple Neuritis

Senile Decay

for recent events

Syphilitic Disease of Brain

Thrombosis of Cerebral

Vessels

Toxæmia

Tumour of Brain

esp. of temporo-sphenoidal lobe

* * Other affections of memory are Amnesia Verbalis, forgetfulness of words; and 'Hypermnnesia,' an uncannily good memory for trifles met with among the insane.

1266. Paramnesia

The patient 'remembers' events that never happened. George IV., for instance, frequently described how he led the cavalry at Waterloo.

The condition differs from lying in that the patient is absolutely convinced of the truth of his statement.

Hysteria

Korsakoff's Syndrome

*Petit Mal

1267. Aprosexia

Inability to fix the attention.

Adenoids

Coryza

Insanity

Nasal Catarrh

Naso-pharyngeal Catarrh

Neurasthenia

(See Dulness, 1262)

1268. Abulia

(Loss of Will Power)

This occurs notably in alcoholics and habitual drug takers.

1269. Illusions or Hallucinations

When an object is mistaken for something else, as a pig for a cat, it is an illusion; when something is seen where nothing is visible, it is a hallucination. Hallucinations may be of sight, hearing, taste; smell, feeling and even of muscular sense.

ILLUSIONS OR HALLUCINA-
TIONS—*continued*

Absinthism
 Aura epileptica
 Bell's Mania
 'Day Terrors'
 *Delirium Tremens
 Ergotism
 Exanthemata, Acute
 General Paralysis of Insane
 Hydrophobia
 Hyperæmia of Brain
 Hyperpyrexia
 Hysteria
 Korsakoff's Syndrome
 Multiple Neuritis
 Myxœdema
 Narcotics
 'Night Terrors'
 Paranoia
 Tumour of Brain
 esp. of temporo-sphenoidal
 lobe
 Typhic State (62)

1270. Delusions

In addition to the common
 delusion of persecution,
 wickedness, ruin, etc.,
 others of sleeplessness,
 constipation, and starva-
 tion are found.

*Delirium Tremens
 Dementia
 General Paralysis of Insane
 Hypochondriasis
 Hysteria
 Mania
 Melancholia
 Myxœdema, III.
 *Paranoia

1271. Delirium

Delirium is of two kinds, the
 wild and active variety,
 in which the patient may
 have to be held down;
 and 'muttering delirium,'
 in which he lies inert,
 mumbling to himself. A
 delirious patient usually
 imagines himself to be
 following his occupation.

Patients with a personal or
 family history of mania
 easily become delirious.

Absinthism
 Acute Yellow Atrophy
 Alcoholism, Acute
 delirium 'a potu'
 Anæmia of Brain, Chronic
 Bell's Mania
 Capillary Bronchitis, III.
 Cerebral Hæmorrhage, II.
 Cerebro-spinal Meningitis
 Cholangitis, Chronic Fibrous
 Chorea, Severe

*Delirium Tremens

I. noisy; II. mumbling

Dysentery
 Dysmenorrhœa (x)
 Encephalitis
 Enteric Fever
 Erysipelas
 Exanthemata, Acute
 præm. in children
 Gangrene of Lung
 muttering
 Glanders
 Hæmorrhage
 Hydrophobia
 Hyperæmia of Brain
 Hyperpyrexia (297)

DELIRIUM—*continued*

Influenza

Intermittent, Pernicious

Korsakoff's Syndrome

Labyrinthitis, Acute

*Mania

Measles

Meningitis

Myocarditis, Acute

Pneumonia, Acute

Remittent Fever

Rheumatism, Acute

Scarlatina

Septicæmia

Trichinosis

Tuberculosis, Acute

*Typhic State (62)

muttering

Typhus

muttering

*Uræmia

Variola

Weil's Disease

Delirium is also occasioned by drugs — belladonna, cannabis indica, chloroform, hyoscyamus, morphia, and synthetic salicylates. Severe pain and shock will also cause it.

1272. THE EMOTIONS

1273. Excitement and Exaltation

Anæmia of Brain
 Bell's Mania
 Friedreich's Paralysis
 General Paralysis, I.
 sometimes II.
 Hyperæmia of Brain
 *Mania, Acute
 Paranoia, III.
 Tumour of Temporo-
 sphenoidal Lobe
 Action of—
 *Alcohol, I.
 Amylene
 Aniline
 Chloroform
 Creasote
 Nitroglycerin
 Turpentine
 (See *Delirium*, 1271)

1274. Depression and Melancholy

Angina Pectoris
 Atony of Stomach
 *Bromism
 Bulbar Paralysis
 Disseminated Sclerosis
 Duodenal Catarrh
 Dysentery
 Enteroptosis
 Gastritis, Chronic
 General Paralysis, II.
 sometimes I.
 Huntington's Chorea
 Hydrophobia
 Hypochondriasis

Hysteria
 Iodism
 Jaundice (392)
 *Membranous Colitis
 Menopause
 Mercurialism
 *Mucous Colitis
 Neurasthenia
 Paranoia, I.
 Pernicious Anæmia
 Poisoning by—
 Aconite
 Calabar Bean
 Hemlock
 Lobelia
 Tartar Emetic
 Tobacco
 Softening, Cerebral
 Tumour of Brain
 esp. of temporo-sphenoidal
 lobe

1275. Alternating

(between very high and very
 low spirits)

Bulbar Paralysis
 Chlorosis
 Disseminated Sclerosis
 *Hysteria
 Menopause
 Neurasthenia
 Pregnancy
 Softening, Chronic

1276. Witzelsucht

Perpetually 'trying to be
 funny.'
 Tumours, Cerebral
 frontal or temporal
 Needless to say it is not
 always pathological.

1277. Change of Temper

An amiable person becoming
bad tempered and *vice*
versâ.

Aura epileptica

Enteric Fever, II.

Exophthalmic Goître

*General Paralysis

Melancholia

*Pregnancy

1278. Irritability

Ranging from querulous-
ness to fits of violent
anger.

Acromegaly

Alcoholism, Chronic

Anæmia of Brain

Catalepsy (præm.)

Diabetes

Dilatation of Heart

Duodenal Catarrh

Encephalitis, I.

Exophthalmic Goître

General Paralysis

*Gout

Lead Poisoning

Hyperæmia of Brain

Hypertrophy of Brain

Jaundice (392)

*Lithæmia

Malformation of Heart

Menopause

*Mental Strain

Myxœdema, III.

Nephritis, Chronic

Neurasthenia

Rheumatism

1279. Deterioration of Conduct

In those who are past their
youth.

Alcoholism

General Paralysis

an early sign

Insanity

Morphinomania

1280. OBSESSIONS

These differ from delusions in that the patient, although unable to resist the ideas, yet fully recognises them as morbid. Dr. Johnson's habit of touching every post in his path comes under this heading.

Acrophobia

Fear of Heights

Agoraphobia

Fear of Space, Bridges, etc.

It occurs in Ankylosis of the Stapes.

Aichmophobia

Fear of Sharp Objects

Anthropophobia

Dislike to Society

Arithmomania

Mania for Counting

Calisophobia

Inability to sit quiet

Claustrophobia

Fear of Closed Spaces such as Railway Compartments

Ereuthophobia

Fear of Blushing

Monophobia

Fear of Solitude

Mysophobia

Fear of Dirt

Pathophobia

Fear of Disease

Toxicophobia

Fear of Being Poisoned

All the above symptoms point to—

Psychasthenia, which may lead on to Paranoia

Folie de Pourquoi (1251)

1281. DECUBITUS OR POSTURE IN BED**1282. Orthopnœa**

Inability to breathe except
in the upright position.

Severe Dyspnœa
(See 1223)

1283. Right Side

Cavity in Lung
with orifice to left
Cirrhosis of Right Lung
Collapse of Right Lung
Left Acute Pleurisy, I.
Right Pleural Effusion
,, Pneumothorax
Sciatica, Left

1284. Left Side

Cavity in Lung
with orifice to right
Cirrhosis of Left Lung
Collapse of Left Lung
Left Pleural Effusion
,, Pneumothorax
Pericardial Effusion, I.
Right Acute Pleurisy, I.
Sciatica, Right

1285. Coiled up on Side

Affections of Brain or its
Membranes
Hepatic Colic
Meningitis
Renal Colic
Tumour of Middle Cerebellar
Peduncle

1286. Back with Knee Flexed

Appendicitis
right knee only
Hip Disease
one knee
Pelvic Cellulitis
one knee
Pericarditis, Acute
Perihepatitis
*Peritonitis
both knees

1287. On Chest and Abdomen

Aneurysm (x)
Caries, Vertebral

**1288. On Knees with Head
Downwards**

Aneurysm of Heart
Mediastinal Disease

1289. Stocker's Sign

The patient resists any
attempt to pull down the
bedclothes.
Tuberculous Meningitis
In typhoid no notice is
taken of the attempt.

1290. THE GAIT

1291. Limping

Abscess, Inguinal

,, Pelvic

,, Perinephric

Aneurysm

Ankle Affections

Appendicitis, I.

Corns, Callosities, etc.

Coxa valga

Gout

Heel, Sore

Hip Disease

pelvis fixed

Inflammatory Affections of
Limb

Injuries to Limb

Intermittent Limp

Charcot's 'Claudication'

Knee Affections

Metatarsal Neuralgia

Myelo-sarcoma

Myositis

Phlebitis

Rheumatism

Sacro-iliac Disease

opposite shoulder raised

Sciatica

pelvis often fixed

Shortening of one Limb (852)

Sprains

Unilateral Paralysis

(See *Foot, Dragged*, 1298)**1292. Dysbasia Angio-Sclerotic**
tica ('Claudication Inter-
mittente')

Abdominal Aneurysm

,, Angina

Arterio-sclerosis

Aneurysm, Poplitæal

Syphilis

Tobacco Poisoning

1293. Spastic GaitThe pelvis is tilted to raise
the foot, which then
describes an arc with the
toes scraping the ground:

Disseminated Sclerosis

Spastic Paraplegia

And all spastic paralysis
affecting the lower
extremity. (See 1306)**1294. Tottering Gait**

Atrophy of Brain, Senile

Bromism

Cerebellar Disease

Hydrocephalus

Idiopathic Muscular Atro-
phy

Korsakoff's Syndrome

Meningitis

Mollities Ossium

Paralysis Agitans

1295. Reeling or Ataxic GaitShort steps and feet wide
apart.

Alcoholism

Apoplexy (præm.)

Ataxic Paraplegia

worse with eyes shut

Cerebellar Disease

the patient falls to the side
opposite to the lesion

Compression of Brain, I.

Disseminated Sclerosis (x)

REELING OR ATAXIC GAIT—*continued*

Friedreich's Disease

worse with eyes shut

General Paralysis of Insane

Hereditary Cerebellar Ataxy

very rarely worse with eyes shut.

Labyrinthine Disease

Locomotor Ataxy

Pseudo-tabes

Sclerosis, Syphilitic (x)

Syringomyelia (x)

1296. Head Back and Feet Apart

Abdominal Tumours

Ascites

Cretinism

Obesity

Pregnancy

Pseudo-hypertrophic Paralysis

1297. Waddling or Goose Gait

Abdominal Tumours, Large

Achondroplasia

Arthritis, Multiple

Ascites

Coxa vara, Double

Dislocation of both Hips,
Congenital

with head back

Ovarian Cyst

Pregnancy

Pseudo-hypertrophic Paralysis

on tip toe

Rickets

Scurvy, Infantile

1298. Foot Dragged or JerkedTo detect malingerers
examine the soles of the
boots for difference of
wear:

Hemiplegia

one foot only

Malingering

Multiple Neuritis

'foot-drop.' When both feet
are affected, the gait is
'high stepping.' (1299)

Spasmodic Spinal Paralysis

a jerky forward movement
of the feet

Spastic Paralysis

the legs tremble when the
ground is touched

Syphilitic Spinal Paralysis

Tooth's Paralysis

1299. High Stepping GaitThe feet are raised more
than is usual to prevent
the toes scraping the
ground:

Neuritis, Multiple

u the alcoholic form

1300. Differential

Chorea

slow, even, shuffling

Friedreich's Disease

reeling with feet apart;
the foot raised too high
and brought down with
a stampHereditary Cerebellar
Ataxiareeling and staggering:—
movements in bed natural**1295-1300**

DIFFERENTIAL—continued**Locomotor Ataxy**

1st stage, short steps with stiff knees; 2nd stage, movements jerky and excessive, the foot brought down with a stamp

Mercurialism

running

Osteitis Deformans

shuffling and tottering with bent back and drooped head

Paralysis Agitans

running with shuffling steps and head very forward ('festinant gait'). Sometimes the patient will run backwards if first pulled in that direction. This is termed 'Retropulsion'

Spastic Paraplegia

patient walks upon his toes with feet turned in, knees bent, and body stooping

Saltatory Spasm

jumping

Thomsen's Disease

on attempting to walk, the leg first moved becomes stiff and remains so for

some seconds, then the other leg behaves in the same way

(See *Vertigo*, 231)

Scissor Legs (see 855)**1301. Astasia Abasia**

The legs move freely and with good power in bed, but collapse when the patient tries to stand or walk.

Disseminated Sclerosis

Exophthalmic Goitre (x)

Hysteria

Locomotor Ataxy

Muscular Wasting

from confinement to bed

Peripheral Neuritis

Spastic Paraplegia

1302. Schüller's Side Gait or 'Flankengang'

The hemiplegic patient is made to move along a chalked line sideways. If he moves well with the healthy side advanced, but drags the limb with the affected side advanced, the paralysis is organic. In hysteria the two legs are moved equally badly whichever side comes first.

1303. ATAXIA

To test ataxia of the upper extremities the patient, with the eyes shut, should be told to touch his nose or to button up his clothing. For the lower extremities he should be required to walk without deviations along a straight line; or, if bedridden, to touch the dorsum of one foot with the toe of the other. Muscular anæsthesia involves some ataxia.

Alcoholism

Ataxic Paraplegia

legs—rarely arms

Atrophy of Brain

Cerebellar Tumour

same side—more marked
in arm than in leg

Chorea

Disseminated Sclerosis (x)

jerky, bilateral

Encephalo-myelitis

Friedreich's Disease

first legs, then arms

General Paralysis (x)

Hemiplegia (x)

unilateral

Hereditary Cerebellar Ataxia

Hydrocephalus

Hysteria

Locomotor Ataxy

first legs, then arms

Multiple Neuritis

Myelitis, Chronic

partial

Neurasthenia

Occupation Neurosis

Progressive Muscular Atrophy

Syringomyelia

Tumour of Brain

lesion of cerebellum, pons,
or (x) corpora quadri-
gemina

1304. Romberg's Symptom
(Static Ataxia)

The attempt to stand with the eyes shut and the feet close together causes pronounced swaying movements. It must be ascertained first that the patient stands without swaying with the eyes open.

Anæsthesia of Lower Extremities

Ataxic Paraplegia

Cerebellar Disease

esp. of middle lobe

Cretinism

Friedreich's Disease

General Paralysis

Hereditary Cerebellar
Ataxy (x)

*Locomotor Ataxy

Menière's Disease

Syringomyelia

1305. PARALYSIS

The motor area in the brain lies in front of the Fissure of Rolando, the following being the order of the various centres from above downwards:—Toes, Ankle, Knee, Hip, Abdomen, Chest, Elbow, Wrist, Fingers, Thumb, Neck, Face, Lips, Tongue. Anteriorly to the centres for the upper extremity are those for the head and eyes, and in front of the centre for the face is that for the larynx, while more advanced still, on the same level, is the motor centre for speech,

Paralysis is usually of the flaccid type, and may involve muscular wasting, R. D. and lost or impaired reflexes. In spastic paralysis there is neither muscular wasting nor altered electrical reactions; the tendon reflexes are exaggerated, and in paraplegic cases both ankle clonus and the extensor plantar reflex are present. The lesions affecting spastic paralysis lie in the pyramidal path between the upper limit of the lumbar enlargement and the cortex of the Rolandic Area.

1306. Spasticity

This is found in the following diseases:—

Amyotrophic Lateral Sclerosis
Ataxic Paraplegia
Cerebral Diplegia
„ Hemiplegia
Combined Degeneration,
Subacute
Disseminated Sclerosis
Familial Spastic Paraplegia
Fracture - Dislocation of
Spine
General Paralysis (x)
Gunshot and other Wounds

Hæmatomyelia
Hereditary Cerebellar Ataxy
Lathyrism
Myelitis, Acute Transverse
Pachymeningitis, Cervical
Pellagra
Primary Lateral Sclerosis
Spina Bifida
Spinal Caries
Syphilitic Paraplegia
Syringomyelia
Tumours of Cord or
Meninges
Tumours Involving the Ver-
tebral Column

1307. NERVE PARALYSIS

In many cases it is only *some* of the fibres of a nerve that are affected. Muscles subjacent to a serous inflammation are more or less completely paralysed (Stokes' Law).

First Nerve (Olfactory)

(See *Anosmia*, 588)

Second Nerve (Optic)

(See *Vision*, 544)

1308. Third Nerve (Motor Oculi)

Usually due to interpeduncular or crus lesion. It involves, when complete, dilated pupil, external strabismus, crossed diplopia, paralysed accommodation and ptosis.

Diphtheria

u ciliaris

Hæmorrhage, Cerebral

Meningitis, Basilar

Moebius' Disease

Rheumatism

Syphilis

Tobacco in Excess

Tumour, Cerebral

 „ Orbital

(See *Strabismus*, 495)

1309. Fourth Nerve (Trochlear)

Affection of C. quadrigena, crus or cerebellum.

It involves diplopia, in which the false object appears to be below and to the outer side of the true one, and is only apparent when the patient looks down:

Alcoholism

Aneurysm, Cerebral

Diabetes

Gout

Influenza

Lead-poisoning

Meningitis, Basilar

Rheumatism

1310. Fifth Nerve (Trigeminal)

Tumours in or compressing the pons or the nerve trunk.

The jaw, when protruded with the mouth open, leans to the affected side. The power of mastication is impaired, the lacrymal and salivary secretions are diminished and, over the area supplied by it, sensation is lost.

Caries

Cerebral Hæmorrhage

Meningitis

Neuritis

Tumour, Cerebral

1311. Sixth Nerve (Abducens)

Lesion in subtentorium—pons or medulla. It involves diplopia (in which the false object is external to the true one) and internal strabismus.

Aneurysm, Intracranial

Hæmorrhage, Cerebral

SIXTH NERVE—*continued*

Mastoiditis, Acute

Meningitis

Otitis Media

‘ Gradenigo’s Sign ’

Syphilis

Tumour

1312. Seventh Nerve (Facial)

To detect facial paralysis, the patient should be directed to close the eyes and whistle. It is very rarely present in functional hemiplegia, and when it is, the platysma is not involved.

Central

Lesion in pons or below nucleus. In central facial paralysis the patient is unable to close the eye of the affected side alone, though he can close both together (Revilliod’s Sign).

Apoplexy

Cerebro-spinal Meningitis

Disseminated Sclerosis (x)

Hysteria

Infantile Hemiplegia

Landouzy-Déjérine Paralysis

Locomotor Ataxy

Meningitis

Softening

Syphilis

Tetanus

Tumour

In Canal

Caries, Temporal

Hæmorrhage

Otitis Interna

„ Media

Rheumatism

Syphilis

Tubercle of Ear

Superficial

Acute Ascending Paralysis

Diphtheria

Injury

Landouzy-Déjérine Paralysis

Neuritis

Parotitis

Tumours

1313. Nothnagel’s Sign

Facial Paralysis, which is more marked as the effect of emotions than of voluntary movements.

Tumour of O. Thalamus

1314. Eighth Nerve (Auditory)

(See *Hearing*, 431 ; *Vertigo*, 231)

1315. Ninth Nerve (Glosso-Pharyngeal)

Taste is lost in the posterior portion of the tongue and there is no pharyngeal reflex.

1316. Tenth Nerve (Vagus)

Paralysis involves acceleration of the heart, unilateral paralysis of the soft palate and unilateral laryngeal anæsthesia (Avelli’s Syndrome).

1317. Eleventh Nerve (Spinal Accessory)

Paralysis interferes with the shrugging movement of the shoulders and with moving the chin to the opposite side.

1318. Twelfth Nerve (Hypoglossal)

In paralysis the tongue is protruded to the paralysed side.

1319. Cervical Sympathetic

The pupil is contracted, the cilio-spinal reflex is absent, and there is slight ptosis and unilateral absence of sweating:

1320. Phrenic Nerve

Unilateral paralysis of diaphragm and of the four lower intercostal muscles.

1321. Intercostal Nerves

These control the movements of the eight upper intercostal muscles.

1322. Paralysis of Circumflex Nerve

Inability to raise the arm to a right angle.

Blows on Shoulder

Erb's Paralysis

Fibrositis

Infantile Paralysis

Innominate Aneurysm

Technic Paralysis

1323. Paralysis of Musculo-Spiral

'Wrist drop' or 'hand drop.'

Lead-poisoning

Leprosy

Multiple Neuritis

Trauma

1324. Paralysis of Anterior Crural

'Foot drop.'

Landry's Paralysis

Multiple Neuritis

Myelitis, Acute

Peroneal Nerve, Paralysis of

1325. Paralysis of Sciatic Nerve

Loss of power of flexing the knee and of all ankle muscles.

1326. COMPLEX PARALYSES**1327. Paralysis affecting Deglutition**

Aneurysm of Base

Basilar Meningitis

Bulbar Paralysis

Diphtheritic Paralysis

Disseminated Sclerosis

Landry's Paralysis

Lesion of Medulla

Myasthenia Gravis

Neuritis

Paralysis of Hypoglossal

Progressive Muscular Atrophy

Pseudo-bulbar Paralysis

Tumour of Base

1328. Paralysis affecting Articulation

(See *Anarthria*, 1239)

1329. Paralysis of Soft Palate

Basal Meningitis
 Bulbar Paralysis
 Caries of Spine
 Diphtheria
 Tumours
 Vagus Paralysis

Laryngeal Paralysis (see 702)**1330. Brachial Monoplegia**

In spastic cases the lesion
 is in the internal capsule
 or some other part of the
 pyramidal tract.

Acute Ascending Paralysis
 Amyotrophic Lateral Sclerosis

Axillary Aneurysm
 Brachial Plexus
 pressure upon

Cancer, Vertebral
 Caries, Cervical
 Cervical Myelitis
 Cervical Rib
 pressure

Cord, Tumour of
 Diphtheritic Paralysis
 Disseminated Sclerosis
 Embolism, Cerebral

Encephalitis
 Erb's Paralysis
 Hæmatomyelia

eighth cervical and first
 dorsal

Hemiplegia
 Hysteria
 Infantile Hemiplegia
 Ischæmic Paralysis
 Klumpke's Paralysis
 Lead-palsy
 Morvan's Disease

Multiple Neuritis
 Muscular Dystrophy
 Occupation Neurosis
 writer's cramp, etc.

Pachymeningitis, Cervical
 Paralysis Agitans (x)
 Poliomyelitis, Anterior
 Progressive Muscular Atrophy

Serratus Magnus Paralysis
 Syringomyelia
 Thrombosis, Cerebral
 Tooth's Paralysis, II.
 Tumour, Cerebral

** The power of the grasp
 is the favourite method
 of comparing the sound
 with the paralysed side
 in hemiplegia, etc.

1331. Crural Monoplegia

Paralysis of one leg. The
 centres for the movements
 of the lower extremities
 lie along the margin of
 the great longitudinal
 fissure.

Abscess, Cerebral
 Anterior Poliomyelitis
 Brown-Sequard's Paralysis
 Cancer, Vertebral
 Caries, Vertebral
 Gumma
 Hysteria
 Locomotor Ataxy
 Meningitis, Syphilitic
 Myelitis, Unilateral
 Neuritis

„ Ant. Crural

„ Obturator

Paralysis Agitans, I.
 Pelvic Tumour

CRURAL MONOPLÉGIA — *continued*

Progressive Muscular Atrophy

Sciatica

Sclerosis, Disseminated, &c.

Syringomyelia

Tumour, Cerebral

„ of Cord

1332. Diadococinesia

The patient is made to pronate and supinate the forearms in rapid succession. If done awkwardly on one side, there is—

Cerebellar Disease
of the same side

1333. Dysdiadococinesia

Pronation and supination are slower on affected side.

Tumour of Lateral Lobe

1334. Pronation Sign (Babinski's)

When the paralysed forearm is placed in supination, it turns over to pronation.

Organic Paralysis

1335. HEMIPLEGIA

Paralysis of one side. The lesion is usually in the knee and anterior two-thirds of the posterior limb of the internal capsule; when, as rarely happens, it is in the motor cortex, athetosis is apt to occur. Sudden right hemiplegia (hemiplexy), when associated with aphasia, is usually embolic.

1336. Hemiplegia, Simple

Abscess of Brain

incomplete at first

Atrophy of one Lobe

Birth Injury

Brown-Sequard Paralysis

same side

Caisson Disease

a bubble in int. capsule

Cerebellar Tumour

hemiparesis of same side,
but not involving face

*Cerebral Hæmorrhage

Cerebro-spinal Meningitis (x)

Compression of Brain

Disseminated Sclerosis (x)

*Embolism of Middle Cere-
bral Artery

Hæmatoma of Dura Mater

Hemichorea

incomplete

Hysteria

Infantile Hemiplegia

Internal Nodes

Lesion of Crus, Pons, Inter-
nal Capsule, or Cortex

Meningitis simplex (x)

Pachymeningitis (x)

Pregnancy (x)

Raynaud's Disease

Softening of Brain

Syphilitic Endarteritis

„ Gumma

Thrombosis of Middle Cere-
bral Artery

Trauma

Tumour of Brain
gradual

1337. Hemiplegia, Transient

Embolism, Cerebral

General Paralysis

Hysteria

Migraine

Pregnancy

Uræmia

1338. CROSSED HEMIPLEGIA**1339. Hemiplegia with Opposite Nucleo-Facial Paralysis**

(Millard-Gubler Syndrome)

Lesion of lower part of
pons. Sometimes the
sixth nerve is involved.

1340. Benedikt's Syndrome

Tremor of one arm and leg
with opposite oculo-
motor paralysis.

Lesion of Crus Cerebri

1341. Hemiplegia with Opposite Third Nerve Paralysis

Lesion of Crus

1342. Hemiplegia with Opposite Hypoglossal Paralysis

Lesions involving spinal fibres of hypoglossal and one half of upper part of cord.

Caries of Upper Cervical Vertebrae

Meningitis

Syphilis

Tumours

1343. Hemiplegia with Opposite Fifth Nerve Paralysis

Lesion of Pons below Decussation.

1344. Hemiplegia with Motor Aphasia

Lesion of third left frontal convolution.

1345. One Arm and Opposite Leg

Infantile Paralysis

(See *Parergiae*, 1396)

1346. Paresis or Weakness of Legs

This may pass into paraplegia or it may depend simply upon general conditions.

Abdominal Tumours

Cauda Equina, Tumour of Celiac Disease

Congenital Muscular Atrophy

Cretinism

Diabetes

Idiocy

Idiopathic Muscular Atrophy

Infantile Scurvy

Influenza

Korsakoff's Syndrome

Landouzy-Déjérine Paralysis

Lipomatosis neurotica

Locomotor Ataxy

Myasthenia Gravis

Periarthritis Nodosa

Polymyositis

Pseudo-hypertrophic Paralysis

Retroversion

Rickets

Spastic Paraplegia, I.

Syphilis, Congenital

Syphilitic Spinal Paralysis

Syringomyelia

1347. Paraplegia

The upper neurone type is spastic, the lower neurone type flaccid (1305).

Acute Ascending Paralysis, I.

Amyotrophic Lateral Sclerosis

Aneurysm of Abdominal or Descending Aorta

Apoplexy, Spinal

PARAPLEGIA—*continued*

Ataxic Paraplegia
 gradual and spastic
 Beri-beri
 legs often œdematous
 Botulism
 Caisson Disease
 Caries of Spine
 Cerebellar Abscess
 „ Tumour (x)
 Cerebro-spinal Meningitis
 Chronic Atrophic Spinal Paralysis
 Compression of Cord, Slow
 Diphtheritic Paralysis
 subsequently affecting arms
 Dislocation of Spine
 Disseminated Sclerosis
 Dystrophy, Juvenile Muscular
 Fracture of Spine
 Friedreich's Disease, II.
 General Paralysis, III.
 Hæmatomyelia
 Hæmorrhage, Bilateral Cerebral
 „ Profuse General
 Hydrocephalus (x)
 Hyperæmia, Spinal
 incomplete
 Hysteria
 Infantile Paralysis
 Korsakoff's Syndrome
 Lathyrism
 Locomotor Ataxy, III.
 Malaria
 intermittent
 Malingerer
 Meningitis, Internal Spinal
 Meningocele

Myelitis, Acute or Chronic
 Neuritis, Multiple
 Poliomyelitis, Acute
 Primary Spastic Paraplegia
 incomplete
 Pseudo-Hypertrophic Paralysis, III.
 Purulent Spinal Pachymeningitis
 Reflex Paraplegia (x)
 worms, etc.
 Sclerosis, Combined
 „ Primary Lateral
 Softening, Bilateral Cerebral
 Spina bifida (x)
 Spinal Meningeal Hæmorrhage
 usually incomplete
 Syphilitic Endarteritis
 Syringomyelia
 Thrombosis of Spinal Artery
 Tooth's Paralysis
 Tumour, Pelvic
 pressing on plexus
 Tumours in Spinal Canal
 The association of paraplegia with anæsthesia
 usually negatives a cerebral lesion.

1348. Diplegia, or Bilateral Paralysis

Lesion of upper cervical portion of spinal cord.
 Bilateral cerebral lesions.
 Lesion of c. callosum, of medulla, or of centre of pons.

Acute Ascending Paralysis (Late)

Amyotonia Congenita
 arms, limbs, trunk, and neck

DIPLEGIA OR BILATERAL**PARALYSIS—continued**

Basilar Meningitis (x)
 Bulbar Paralysis
 Diphtheria
 Disseminated Sclerosis, III.
 Encephalitis
 General Paralysis of Insane
 Hæmorrhage, Cerebral
 into ventricles
 Hydrocephalus, Chronic
 Infantile Diplegia
 Multiple Neuritis
 Occupation Neurosis (x)
 bimanual occupations
 Periodic Paralysis
 Pseudo-bulbar Paralysis
 Spinal Apoplexy
 ,, Tumours
 Tumours, Brain

1349. Muscular Hypotonia

Basilar Artery, Thrombosis
 of
 Bulbar Paralysis
 Cerebellar Hæmorrhage
 General Paralysis
 Hysteria
 Locomotor Ataxy
 Muscular Dystrophies
 Neuritis
 Poliomyelitis, Acute Anterior
 Pontine Hæmorrhage
 Ventricular Hæmorrhage

* * Lower Neurone Paralysis in general.

Paralysis of Sphincters

See *Micturition*, 938 ;
Defæcation, 1084)

1350. MOTOR ANOMALIES**1351. Lasègue's Symptom**

The patient can make no movement without looking to see what he is doing.

Hysteria

1352. Amyosthenia

A sudden temporary loss of power in arm or leg.

Disseminated Sclerosis

Hysteria

Occupation Neurosis

1353. Heterocinesia

The patient does the reverse of what he is told to do.

Hysteria

1354. Syncinesia

If the patient is told to lift one arm, he lifts both.

Hysteria

1355. Allocinesia

If the patient is told to lift one arm, he lifts the other.

Hysteria

1356. DIFFERENTIAL

Amyotrophic Lateral Sclerosis

Spastic paralysis of shoulder arm, and hand.

Brown-Sequard's Paralysis

Paralysis and hyperæsthesia of one side and anæsthesia of the other side.

Bulbar Paralysis, Chronic

Speech and swallow. In the acute form, one or more of the extremities may be affected.

Disseminated Sclerosis

Order: one leg, the other leg; one arm, the other arm.

Erb's Brachial Palsy

Lesion of upper trunk of brachial plexus. The arm hangs by the side with the forearm pronated.

Erb's 'Juvenile' Dystrophy

Shoulders, upper arms and supinator longus (age 15 to 35).

Friedreich's Disease

Ataxia and weakness first in legs, but extending five or six years later to arms. Big toes erect.

Infantile Paralysis

Sudden: one leg, or part of one leg; one arm, arm and leg, both arms or both legs.

Klumpke's Paralysis

Lesion of lower trunk of brachial plexus. Paralysis

and wasting of flexors of wrist and fingers and of intrinsic hand-muscles.

Landouzy-Déjérine Paralysis

Face, shoulder, upper arm, and orbicularis oculi et oris.

Landry's Paralysis

Successively—legs, loins, abdomen, thorax, arms, diaphragm, neck and swallow.

Myelitis Acute (cervical)

Both arms.

Periodic Paralysis

Legs, or legs and arms; rarely neck, tongue, and pharynx.

Progressive Muscular Atrophy

Hand first, then shoulder and trunk—not spastic.

Pseudo-hypertrophic Paralysis

Legs — calf and glutæi muscles large.

Syringomyelia (Paresis)

One hand, triceps, shoulder.

Tooth's Paralysis

Inability to dorsiflex great toe. Later, paralysis extends slowly up the legs and arms.

Volkman's Ischæmic Paralysis

Due to pressure of splints or bandages. All flexor tendons of wrist and fingers rigidly contracted and the muscles wasted.

1357. THE SPINAL CORD

In early foetal life the cord is of the same length as the vertebral column, but the latter outgrows it so rapidly that at birth it reaches only to the third lumbar vertebra, while in adults it stops at the lower border of the first. In consequence of this disparity, the spinal nerves emerge from the canal at a point below the junction of the roots with the cord. From the twelfth dorsal to the third cervical nerve the difference between the two points is represented by the body of one vertebra.

The cord is divided theoretically into segments named after the corresponding spinal nerve-roots. The Cervical Enlargement at its greatest circumference lies opposite the fifth cervical vertebra; it is the lower neuron centre for the muscles of the neck, shoulder-blade, arms, and hands, the diaphragm belonging chiefly to the fourth cervical segment. The Lumbar Enlargement at its greatest circumference is opposite the twelfth dorsal vertebra. It is the lower neuron centre for the muscles of the pelvis, thigh, and leg. The centres for the rectum and bladder are in the third and fourth sacral segments, and that for the sphincter ani in the fifth. Some investigators, however, believe these centres to be in the sympathetic system.

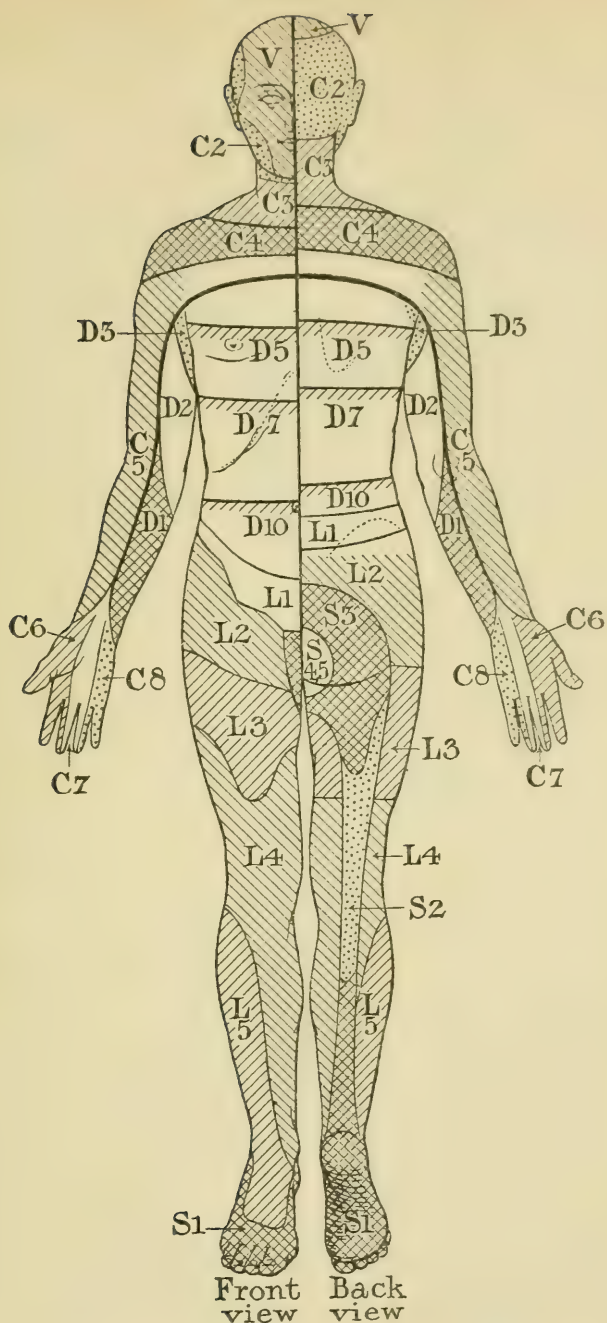


FIG. 10.—SEGMENTAL AREAS OF THE CORD. (Adapted from Tooth.)
Front and back view conjoined in one figure.

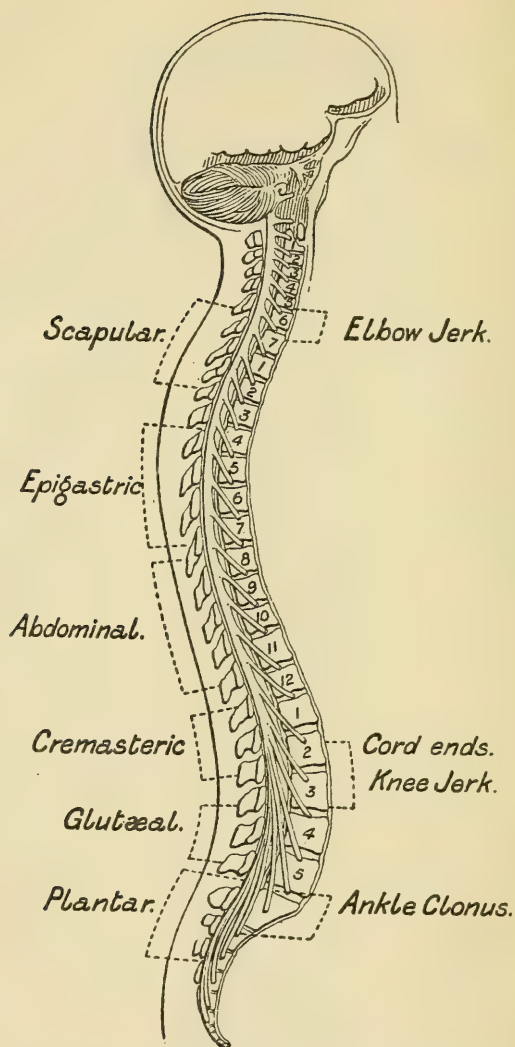


FIG. 11.—LOCALISATION OF REFLEXES

LOCALISATION OF CORD LESIONS

REFLEXES WITH THE SPINAL NERVES INVOLVED

Name	Irritated area	Result	Nerves
Plantar reflex	Sole of foot	Flexion of toes	} 1st to 3rd sacral 4th and 5th lumbar 1st and 2nd lumbar 8th to 12th dorsal 6th cervical to 2nd dorsal
Babinski's "	"	Extension of toes	
Gluteal	Skin of buttock	Contraction of glutei	
Cremasteric	Inner side of thigh	Retraction of testicle	
Abdominal	Side of abdomen	Contraction of rectus	
Scapular	Interscapular region	Contraction of posterior fold of axilla	
Epigastric	Skin of lower part of side of thorax	Contraction of rectus	4th to 7th dorsal
TENDON REFLEXES			
Knee-jerk	Ligamentum patellæ	Sudden extension of leg	2nd and 3rd lumbar
Tendo-Achillis jerk	Achilles tendon	Contraction of calf	1st and 2nd sacral
Ankle-clonus	Ball of foot	Rhythmic contractions of calf	1st and 2nd sacral
Elbow-jerk	Triceps tendon, with forearm semi-flexed	Extension of forearm	5th and 7th cervical
Wrist-jerk	Extensor tendons over a flexed wrist	Extension of hand	6th cervical

1358. REFLEXES

These are divided into Superficial or Cutaneous and Deep or Tendinous. They are lessened or exaggerated according to the position of the lesion and whether this lesion is destructive or irritant. Now the upper neuron has normally an inhibiting effect upon the muscles which derive their activity from the lower neuron. The action may be compared to that of the governor of a steam engine; if this is detached the engine will 'race,' and similarly, a *destructive* lesion in the upper neuron will result in exaggerated reflexes, and the same effect will ensue when a lesion of the lower neuron is *stimulative*.

The reflex arc comprises the afferent nerve, the anterior horn of the cord, the efferent nerve, and the muscle. When the function of any of these is lost, the chain is broken and the attempt to elicit the reflex will fail. Thus, if the skin is anæsthetic, the anterior cornu or the motor nerve the seat of a destructive lesion, or the muscle wasted till the sarcous elements have vanished, the reflex will fail.

When endeavouring to elicit a reflex the patient should be made to close his eyes. The first few attempts are the most important, as the response may fail from fatigue. In the case of the tendon reflexes, the muscles must be relaxed to start with. The knee-jerk is the most important. For this the patient should sit with one leg crossed over the other and hanging loose; the examiner then strikes the ligamentum patellæ with the ulnar side of his hand or with an instrument specially made. If the patient is confined to bed, the nurse should raise and support the weight of the thigh without the patient's co-operation. When, owing perhaps to short and fat thighs, the jerk is difficult to elicit, reinforcement will help. Jendrassik's consists in making the patient interlace the fingers of the two hands and try hard, but vainly, to separate them; while Kronig's Reinforcement is obtained by making the patient look at the ceiling and draw a deep breath. If the quadriceps femoris muscle can be felt to contract, it is tantamount to a knee jerk. Both superficial and deep reflexes are normal in the primary muscular dystrophies except for the muscular weakening.

1359. CUTANEOUS REFLEXES

Most of these are found only in a certain proportion of normal subjects.

1360. Cutaneous Reflex Increased

Amyotrophic Lateral Sclerosis

Angular Curvature

Ataxic Paraplegia

Dysmenorrhœa

Infantile Hemiplegia

Leptomeningitis, Spinal

Locomotor Ataxy, I. (x)

Meningitis, Spinal

Myelitis

Neurasthenia

Pachymeningitis

Primary Spastic Paraplegia

Rheumatoid Arthritis

esp. the cremasteric

Sciatica

cremasteric

Spastic Cerebral Paraplegia

Strychnine-poisoning

Tetanus

Tetany

Wasting Diseases

Coma

Disseminated Sclerosis

epigastric reflex

Enteric Fever

Friedreich's Disease

Hemiplegia

healthy side

Hysteria

plantar only

Infantile Paralysis

Locomotor Ataxy, II.

Myelitis

Narcotic-poisoning

Neuritis, Multiple

Peripheral Paralysis

Peritonitis

Poliomyelitis, Anterior

Progressive Muscular Atrophy

Spastic Paraplegia (x)

Spinal Hyperæmia

„ Paralysis, Acute

„ „ Chronic

Atrophic

Tumours of Cord

1361. Cutaneous Reflex Diminished or Lost

Acute Ascending Paralysis

Amyotonia Congenita

Anæsthesia, Peripheral

Apoplexy, Severe

„ Spinal

Asphyxia

Catalepsy, Severe

Cholera, II.

Chorea

1362. Epigastric Reflex

On stroking the epigastrium horizontally, the abdominal muscles contract (62 per cent.).

1363. Abdominal Reflex

When the abdomen is stroked longitudinally, the abdominal muscles contract (99 per cent.).

1364. Rosenbach's Sign

The absence of a reflex on pinching the skin of the abdomen on the paralysed side.

Hemiplegia

Peritonitis, Acute

both sides

1365. Hypogastric Reflex of Bechterew

When the skin of the internal surface of the thigh is stroked, contractions of the lower abdominal muscles follow. The reflex is said to correspond to the lower dorsal portion of the cord.

1366. Cremasteric Reflex

On titillation of the inner side of the thigh, the cremaster contracts and draws up the testicle (66 per cent.).

1367. Dartos Reflex

The patient stands with his feet wide apart while the surgeon suddenly applies cold to the perinæum. The non-striated fibres of the dartos muscle undergo vermicular contraction.

1368. Bulbo-Cavernous Reflex

The glans is pinched or pricked while the finger presses through the scrotum upon the bulb of the urethra — a brisk twitch is felt.

Absent in Locomotor Ataxy

1369. Inguinal or Geigel's Reflex

This is a substitute for the cremasteric reflex in the case of females, the muscular fibres at the upper edge of Poupart's Ligament contracting on titillation of the thigh.

1370. Interscapular Reflex

This consists in adduction of the shoulder blade when its inner edge is stroked (15 per cent.).

1371. Glutæal Reflex

The glutæal muscles contract when the skin over them is irritated (28 per cent.).

1372. Plantar Reflex

Titillation of the sole is followed by flexion of the toes (98 per cent.).

PLANTAR EXTENSION REFLEXES

1373. Babinski's Reflex

Extension instead of flexion of the great toe on titillation of the outer side of the sole, the patient lying on his side with the knees semi-flexed. It always indicates some affection of the pyramidal system, and its presence in conscious adults excludes neurasthenia and hysteria. But it is the normal condition in the new-born and is common up to three years of age. It may be frequently elicited in healthy subjects during

1364-1373

BABINSKI'S REFLEX — *continued*

sleep and in alcohol, chloroform, morphia, hyoscine, or epileptic stupor.

Amaurotic Family Idiocy
Amyotrophic Lateral Sclerosis

✓Apoplexy
early

Ataxic Paraplegia
Disseminated Sclerosis

Friedreich's Disease

Hydrocephalus (x)

*Lesions of Pyramidal Tract

Locomotor Ataxy

✓Meningitis (x)

Myelitis, Transverse

✓Spastic Paraplegia

Syringomyelia

Tumour, Cerebellar

„ Spinal

Uræmia (x)

1374. Schäfer's Reflex

On pinching the skin over the tendo Achillis, the great toe is dorsi-flexed.

Organic Nervous Affections

1375. Gordon's Paradoxical Reflex

When pressure is made through the relaxed calf muscles upon the deep flexor muscles beneath, the great toe is dorsi-flexed.

Lesion of Pyramidal Tract especially when irritative

1376. Oppenheim's Reflex

When the inner side of the leg is either pinched or deeply stroked from above downwards — or both, dorsi-flexion of the foot and toes follows.

Lesion of Pyramidal Tract
Post-Epileptic Stupor

1377. Rossolimo's Reflex

When the plantar surface of the great toe is stroked, extension or abduction of the toe occurs.

Lesion of Pyramidal Tract

1377a. Bechterew's Extensor Reflex

Percussion of cuboid bone is followed by dorsi-flexion of the toes.

Spastic Paralysis

1378. Hirschberg's Reflex

Adduction of the foot on slight titillation of the base of the great toe.

Organic Disease

1379. Brissaud's Reflex

A contraction of the tensor fasciæ femoris on titillation of the sole. It is sometimes present when the toes fail to move.

As Babinski's Plantar Reflex

1380. Palatine Reflex Lost

On touching the mucous membrane, there is no elevation of the soft palate.

*Hysteria

1381. TENDON OR DEEP REFLEXES

1382. Knee-Jerk Lost or Lessened

(Westphal's Sign)

Acute Ascending Paralysis

Adiposis dolorosa

Amyotonia Congenita

Anterior Crural Paralysis

Apoplexy

transient

Beri-beri

Cerebro-spinal Meningitis

Chorea (x)

Coma

Diabetes, II.

Diphtheria

even without paralysis

Dislocation of Spine

Epilepsy

transient

Ergotism, Chronic

Fracture of Spine

Friedreich's Disease

General Paralysis of Insane

S. unilateral

Hæmatomyelia, I.

Hereditary Muscular Atrophy

Hydrocephalus

Idiopathic Muscular Atrophy

Infantile Paralysis

if quadriceps extensor is affected

*Locomotor Ataxy

Leprosy

Leptomeningitis, Spinal, II.

Multiple Neuritis

if anterior crural nerve is involved

Myasthenia Gravis

after several taps

Myelitis, Descending

,, Transverse

Paralysis Agitans (x)

Periodic Paralysis

Pernicious Anæmia (x)

Progressive Muscular Atrophy

if quadriceps is involved

Pneumonia, Acute

in children—7th to 8th day

Pseudo-hypertrophic Paralysis (very late)

Sciatica (x)

Shock

transient

Spinal Hæmorrhage

,, Meningitis

Syringomyelia, III.

Tooth's Paralysis

only when quadriceps is affected

Tuberculous Meningitis, III.

Transverse Softening of Cord

Tumour, Subtentorial

reflex variable

* * It occurs so rarely in hysteria as to be a curiosity; but is common in wasted infants without any affection of the nervous system.

1383. Knee-Jerk Exaggerated

Exaggeration of the knee-jerk implies either that the inhibiting cerebral fibres are impaired or that the irritability of the spinal centre is increased. The reflex arc remains intact. It occurs in all serious disorders to some extent. When organic it

KNEE-JERK EXAGGERATED—
continued

is associated with the signs of spastic paralysis (1305).

Amyotrophic Lateral Sclerosis

Apoplexy

Arthritis, Chronic

Ataxic Paraplegia

Brown-Sequard's Paralysis

Cancer of Stomach

Compression of Cord, Slow

Convalescence from Fevers

Disseminated Sclerosis

Dysmenorrhœa

at period

Embolism of Brain

Erb's Spinal Paralysis

General Paralysis (x)

Hemiplegia

esp. on paralysed side

Hereditary Cerebellar Ataxy

Hydrophobia

Hysteria

Infantile Hemiplegia

Leptomeningitis, Spinal, i.

Morvan's Disease

Myelitis, Chronic

Neurasthenia

Pyramidal Tract Lesions

Rheumatoid Arthritis

Spasmodic Spinal Paralysis

Spinal Meningitis, Chr., i.

Strychnine-poisoning

Syphilitic Spinal Paralysis

Syringomyelia

Tetanus

Tetany

Tuberculosis, Pulmonary

Tumour of Brain

„ of Cord

Ulcer of Stomach

Uræmia (præmon.)

Malingers sometimes wilfully exaggerate the knee jerk. To expose them the patella, and not its ligament, should be tapped. As no jerk should ensue, the presence of one must be intentional.

1384. MacCormac's Reflex

'Crossed Adductor Jerk.'

A variety of exaggerated knee-jerk.

On striking one patella tendon, the *opposite* leg is adducted.

1385. Adductor Jerk

The thigh should be abducted and the tendon of the adductor magnus tapped. Contraction of the adductors results

As knee-jerk

1386. Tendo-Achillis Jerk

As knee-jerk, but earlier.

In locomotor ataxy and peripheral neuritis this reflex may be found when that of the knee is absent. The patient should kneel on a chair with the feet projecting over the edge.

1387. Mendel's Instep Reflex

The foot being placed with its inner surface on a firm basis, the dorsal tendons are percussed. Dorsiflexion follows.

Functional Affections

Locomotor Ataxy

Absent or difficult to elicit in other organic diseases.

1388. Patellar Clonus

The observer, with the root of the hand resting on the thigh of the recumbent patient, holds the patella between the tips of his finger and thumb and suddenly pushes it downwards. Clonus continues as long as the pressure is maintained in well-marked cases of

Exaggerated Knee-Jerk
(See 1383)

1389. Chorea Knee Phenomenon

On tapping the ligamentum patellæ the leg remains fully extended for a second or two, the foot and toes jerking.

1390. Ankle-Clonus

With the patient's knee slightly bent, sudden, firm and continued pressure is made upwards upon the ball of the foot. The result is a series of clonic contractions at the ankle joint so long as the pressure is maintained. (Contractions 6 to 9 per second.) In general, ankle-clonus is present where the knee-jerk is exaggerated from organic causes (1383). It is most marked in disseminated sclerosis. In malingersers the rhythm is irregular, provided they are made to do something else simultaneously.

1391. Scapulo-Humeral Reflex

When the spinal border of the scapula is struck just above the inferior angle, there is external rotation of the arm.

Exaggerated by lesions above cervical enlargement.

1392. Triceps Tendon Jerk

The upper arm should be supported horizontally with the forearm loosely flexed at a right angle. On the tendon being tapped the forearm is extended.

As knee-jerk, but connected with 8th cervical and 1st dorsal segments.

1393. Supinator Jerk

The hand being prone, tap the tendon of the supinator longus just above the styloid process of the radius. Supination of the hand will follow (5th cervical segment).

1394. Wrist-Jerk

The hand should be pronated and flexed while the dorsum of the wrist is tapped. Often absent in health.

1395. Jaw-Jerk

The jaw should be open. When the chin is tapped the mouth will shut. The two sides should be tested separately. Pseudo-bulbar paralysis may give a clonus.

Lesion of Motor Nucleus of Fifth Nerve

It is common in Amyotrophic Lateral Sclerosis.

1396. PARERGIÆ

The following phenomena are generally classed as reflexes; but the two differ very essentially. A term implying collateral action is preferable and the writer suggests Parergia (πάρα ἔργον).

1397. Hoover's Sign

On attempting to raise the paralysed limb, the opposite heel is pressed into the mattress.

Organic Hemiplegia

1398. Babinski's Fan Sign

The patient lying on his back with the arms folded is made alternately to flex and extend the trunk on the thigh. The toes gradually separate from each other in

Lesion of the Pyramidal Tract

Hysterical Paralysis
8 per cent. of cases

1399. Babinski's Hip Phenomenon

The patient lying supine upon the bed, with the legs uncovered, is directed to sit up suddenly. In health, both thighs and legs would be slightly flexed. If the paralysed thigh moves the most, it indicates Organic Disease; if the sound thigh alone moves, Functional Disease.

Conversely if a patient sitting on the floor with folded arms tries to lie down, the affected foot rises in Organic Hemiplegia.

1400. Beehterew's Deep 'Reflex'

A flexion movement of the hip and knee follows dorsiflexion of the foot and toes, the foot and toes having been first plantar-flexed by the hand of the surgeon.

Intracranial Lesion of Motor Tracts

Myelitis

Spinal Syphilis

Traumatic Lesion of Spine

1401. Brudzinski's Neck Sign

When the head is flexed on the chest, the hip and knee are also flexed.

Meningitis

1402. Brudzinski's Leg Sign

When one lower limb is passively flexed on the abdomen to its full extent the patient draws up the other to a similar extent.

Meningitis

1403. Grasset-Graussel's Phenomenon

The patient lying on his back can raise either limb separately, but not both together.

Hemiplegia, Organic

1404. Paradoxical Contraction

Tonic contraction of
anterior tibials upon the
physician suddenly flex-
ing the foot on the leg.

Excessive Spasticity of Legs

**1405. Strümpfel's Tibialis
Phenomenon**

The attempt to draw up
the paralysed leg causes
involuntary dorsiflexion
of the ankle.

Organic Hemiplegia

1406. SPASM AND RIGIDITY

CLONIC SPASMS

1407. Tremor, Subsultus, and Twitchings

Tremor in the hand is best seen when the arm is held out. In malingerers, it generally ceases when their attention is directed to something else. The surgeon should pretend to be examining the veins.

Fibrillary tremor implies exhausted muscles.

Abscess of Brain

Absinthism (x)

upper extremities only

*Alcoholism, Chronic
fine

Amyotrophic Lateral Sclerosis

Anæmia of Brain

Apoplexy

Ataxic Paraplegia
face

Aura epileptica

Bell's Mania

*Chorea Minor

Chorea Senilis

movements cease during
sleep

Cocainism

Compression of Brain

Congestion of Brain

Delirium Tremens

Disseminated Sclerosis

Emotions

Encephalitis

Enteric Fever

third week

Epilepsy, II.

Exophthalmic Goitre
fine, rapid

Fatigue

Friedreich's Disease

General Paralysis

begins in hands, but spreads to lips and tongue. Also angles of mouth and of eyes; the last is an early symptom — Crichton-Browne's sign.

Hæmatoma, Dural

Hemiplegia, Post

Hereditary Cerebellar Ataxy

Hydrocephalus, Spurious

Hyperpyrexia (297)

Hysteria

rapid, S. unilateral

Idiopathic Muscular Atrophy

Intermittent Claudication
myokymia of calf muscles

Intestinal Irritation

Jaundice

Korsakoff's Syndrome

Lead-poisoning

Mercurial-poisoning

Meningitis

Mimic Tic

Morphinomania

Myelitis

Myokymia (1408)

Neurasthenia

rapid

TREMOR, SUBSULTUS, AND

TWITCHINGS—*continued*

Neuritis, I.

local

Neuroma

Occupation Neurosis

Paralysis Agitans

‘cigarette - rolling’ move-
ment of fingers—ceasing
on voluntary movement.
Head unaffected during
sleep.

Paralysis, Bulbar, I.

Petit Mal

Poliomyelitis, Chr. Ant.

Progressive Muscular Atro-
phy

fibrillary

Prostration

Rheumatism, Acute

Rheumatoid Arthritis

Roundworms

*Senility

slow

Sleeping Sickness, II.

Spastic Spinal Paralysis

Spinal Apoplexy, I.

,, Concussion

,, Meningitis, Int.

,, Paralysis, Chronic

Atrophic

Strychnine

idiosyncrasy or over-dose

Syringomyelia

Tooth's Paralysis (x)

Tumour of Brain

esp. of cerebellum, pons,
c. quadrigemina or frontal
lobe; often unilateral

Tumour of Cord

Typhic State (62)

Uræmia

Werdnig-Hofmann Atrophy

Tremor occurs in health
after unaccustomed exer-
cise and after abuse of
tea or tobacco.

Tremors are practically
absent in all the primary
muscular dystrophies.

(See *Facial Twitching*, 405)

1408. Myokymia

Fine twitching of a sub-
cutaneous muscle and
notably of the orbicularis
oculi where it is known
popularly as ‘live blood.’
It implies bodily fatigue
or degenerating muscle.

1409. Quinquaud's Sign

This consists in the ‘little
shocks’ elicited when the
surgeon's palm is pressed
by the tip of the patient's
forefinger. It can be felt
when the usual tremor
is absent.

Chronic Alcoholism

Locomotor Ataxy

1410. Intention Tremor

Tremor on voluntary move-
ment. It ceases during
repose, is very slight at
the beginning of a volun-
tary movement, and
gradually increases in
force and rapidity. Test
this by asking the patient
to raise a glass to his lips.

Alcoholism, Chronic

Cerebellar Tumour

*Disseminated Sclerosis

Diplegia, Congenital

Exophthalmic Goitre

INTENTION TREMOR—*continued*

Hereditary Cerebellar Ataxy
 Hysteria
 Infantile Hemiplegia
 Mercurialism
 upper limbs first
 Neurasthenia (x)
 Occupation Neurosis (x)
 Plumbism
 Tumour of opposite opt.
 thalamus and c. quad.

1411. Jactitation and Jerking

Choreiform contractions are
 best seen when the hands
 are placed above the head.

Aorta, Arterio-sclerosis of
 arm

Cerebral Diplegia

Cerebro-spinal Meningitis

Chorea, Dubini's Electric

one arm or one leg first,
 then the same on the op-
 posite side

Chorea, Henoch's Electric
 neck and shoulder chiefly
 affected

Chorea, Huntington's

the movements can be
 arrested by a strong effort
 of the will. They cease
 during sleep.

*Chorea, Major and Minor
 cease during sleep

Chorea, Post-hemiplegic

Chorea, Rhythmic
 localised

Chorea, Senile

Compression of Cord, Slow

Concussion of Spine

Gilles de la Tourette's
 Disease

Habit Spasm

Hæmorrhage, Extensive

Hereditary Cerebellar Ataxy

Hysteria

Infantile Hemiplegia

Intermittent Limp

Locomotor Ataxy

Morvan's Disease

Occupation Neurosis

Paralysis of Infants, Spastic

Paramyoclonus Multiplex

rapid—50 to 150 per minute

Pericarditis, Severe

Sclerosis, Cortical

Sequela of Fractured Limb

Strychnine Poisoning

Syringomyelia

*Tetanus

Tic Convulsif

Typhic State (62)

1412. Saltatory Spasm

Jumping movements pro-
 duced by violent con-
 traction of the muscles
 of the lower extremity.

Hysteria

1413. Salaam Spasm

A bowing movement pro-
 duced by clonic con-
 tractions of the trunk
 muscles.

Dentition

Epilepsy

Menière's Disease

Rickets

Spasmus nutans

(See *Oscillation*, 362)

1414. Convulsions

The loss of consciousness
(with few exceptions)
distinguishes convulsions
from rigors.

Abscess of Brain (x)

Absinthism

Acute Yellow Atrophy

Addison's Disease

Ague

cold stage in children

Alcoholism, Chronic

Anæmia of Brain

Aortic Stenosis

Apoplexy, Cortical

unilateral

Asphyxia (term.)

Cerebro-spinal Meningitis

Cirrhosis of Kidney

Coal-gas-poisoning

Compression of Brain

Cysticerci of Brain

*Dentition

Disseminated Sclerosis III.

often unilateral

Encephalitis

Enteritis, Acute

in children

Epilepsy

Ergotism, Spasmodic

Exanthemata

onset; in children this
represents the rigor of
adults

Exostosis of Skull

Frigths

General Paralysis of Insane

Hæmatoma, Dural

recurrent

Hæmorrhage

Heart Disease, Congenital

Hydrocephalus, Chronic

„ Spurious

Hydronephrosis

Hydrophobia

tetanoid

Hyperæmia of Brain

Hyperpyrexia (297)

Hypertrophy of Brain

Hysteria

Idiocy

Indigestion

Infantile Hemiplegia

onset

Infantile Paralysis

onset

Intussusception

Irritating Scar

Jacksonian Epilepsy

muscular area limited,
consciousness usually
retained. The muscles
involved supply the key
to the position of the
lesion.

Jaundice (x)

Lead-poisoning, Chronic

Meningitis

Myelitis, Acute

Myoclonus Epilepticus

Nephritis, Acute, III.

Pachymeningitis, Cerebral

Pneumonia, Acute

in children

Poisoning by—

arsenic, alcohol, brucia,
hydrocyanic acid, picro-
toxine, strychnine, to-
bacco, and narcotico-
irritants in general. In
children they occur after
an overdose of atropin,
morphin, or santolin.

CONVULSIONS—*continued*

Pontine Hæmorrhage
 Pregnancy
 Puerperal state
 Rickets
 Roundworms and Tape-
 worms
 Salvarsan-poisoning
 Softening of Brain
 Spina bifida
 when about to burst
 Spinal Meningeal Hæmor-
 rhage
 Starvation
 Status Lymphaticus
 Stokes-Adams' Disease
 Sunstroke
 Syphilis, Cerebral
 „ Hereditary
 Syphilitic Nodes
 Tetanus
 Thickening of Skull
 Thrombosis of Brain
 Tumour of Brain
 esp. when near cortex

*Uræmia

Ventricular Hæmorrhage

* * In the 'status epilepticus' the seizures follow each other in rapid succession for perhaps ten or twelve hours.

To detect a malingerer, it is usually enough to order a drastically unpleasant remedy in the hearing of the patient.

1415. Athetosis

Sometimes described as a disease. It consists of slow successive spasmodic movements in all directions, chiefly of the fingers, but often involving the wrist, elbow, and toes—rarely the face. The movements may continue during sleep. They are sometimes bilateral.

Lesion of lenticular ganglion or near optic thalamus.

Athetosis, Primary
 bilateral

Birth Palsy

Cerebral Diplegia

*Cerebral Thrombosis

Chorea, Post-hemiplegic

Disseminated Sclerosis

*Embolism, Cerebral

Encephalitis

Hæmorrhage, Cerebral (x)

Hemiplegia, II.

Hysteria

Infantile Hemiplegia

Injuries of Brain

Locomotor Ataxy

Paraplegia, Spastic

Tumour of Brain

Hemiathetosis is usually post-hemiplegic.

1416. Hiccough (Singultus)

An intermittent spasm of the diaphragm. Spastic contraction of the diaphragm also occurs and may last many minutes. It sometimes takes the place of the rigid rectus abdominis (827).

Addison's Disease

HICCOUGH (SINGULTUS)—*continued*

*Alcoholism
 Amoebic Dysentery
 Appendicitis
 Cancer of Stomach
 Cholera
 Collapse (235)
 Diabetes
 Diaphragmatic Pleurisy
 *Distended Stomach
 Dysmenorrhœa
 Dyspepsia
 Enteric Fever, II.
 Gangrene of Lung
 Glands, Caseous
 Gout
 *Hæmorrhage
 Heart Failure
 Hepatitis
 Hydrocephalus
 Hysteria
 Intestinal Obstruction
 Mediastinal Tumour

Mediastinitis, Fibrous
 Medulla Oblongata, Soft-
 ening of
 Meningitis
 Mental Emotions
 Nephritis, Chronic
 Pancreatic Disease
 Pericarditis
 Perihepatitis
 Peritonitis
 Pregnancy
 Septicæmia
 Spinal Injury
 Strangulated Hernia
 Tumour of Brain
 *Typhic State (62)
 Uræmia

Nystagmus (see *Eyeballs*, 489)

1417. Carphology (Picking
 Bedclothes)
 Typhic State (62)

TONIC SPASM

1418. Cramps

Alcoholism
 Cancer of Intestine
 Cholera, Asiatic
 „ Sporadic
 Cirrhosis of Kidney
 Colic
 *Constipation
 *Diabetes
 Unschuld's Sign
 Dilatation of Stomach
 Disseminated Sclerosis
 Ergotism
 *Flatulence
 *Gastro-intestinal Irritation

Gout
 Hernia
 Hysteria
 Intussusception
 Lead-poisoning
 Nephritis, Chronic (præm.)
 Occupation Neurosis
 Poisoning by Arsenic, Anti-
 mony, and Ptomaines
 *Pregnancy
 Sciatica
 Tetany
 Varicose Veins
 Cramps are also caused by
 muscular over-exertion,
 as in swimming.

1416-1418

1419. Spastic Contractions

Cœliac Disease

tetany

Ergotism

Hysteria

Internal Spinal Meningitis

Occupation Neurosis

Paramyotonia Congenita

excited by cold

Progressive Muscular Atrophy

Sciatica

Strychnine-poisoning

Syringomyelia

Tetanus

Tetany

Thomsen's Disease

on attempting movements,
or when a muscle is
percussed

Tumours of Cord

(See *Rigidity*, 1420, *Gait*,
1290)

1420. Rigidity and Contractures, Active

Early rigidity disappears during sleep; late rigidity is persistent. Active or spastic contracture is painless and can be overcome by steady mechanical traction or by a hot bath. When old, however, it passes into the passive form. In the arms, the deformity is flexion; in the legs, extension.

Amyotrophic Lateral Sclerosis, III.

Bulbar Paralysis, III.

limbs

*Cerebellar Disease
nuchal

Cerebral Diplegia

*Cerebro-spinal Meningitis

Compression of Cord, Slow,
III.

Cord, Transverse Lesion of
Cortical Lesions

Disseminated Sclerosis, III.

Embolism of Brain

Epilepsy, II.

Erb's Spinal Paralysis

Ergotism, Spasmodic

External Spinal Pachy-
meningitis

Friedreich's Disease

Hemiplegia

if early, a small hæmorrhage;
if sudden and associated
with coma, hæmorrhage
into ventricles

Hemiplegia, Infantile

esp. of adductors and flexors

Hysteria

sometimes persisting during
sleep

Hystero-epilepsy

Ischæmic Paralysis, I.

Lateral Sclerosis, Primary

*Meningitis, Internal Spinal
back and limbs

Meningitis, Tuberculous
Spinal

„ Tuberculous

Myelitis

Neurasthenia (x)

Neuritis

esp. arsenical

Occupation Neurosis

Paralysis Agitans, III.

Paramyotonia Congenita

RIGIDITY AND CONTRACTURES,

ACTIVE—*continued*

Poliomyelitis, Acute

*Primary Spastic Paraplegia

‘clasp-knife rigidity,’ pelvis
moves with legProgressive Muscular Atro-
phy

*Spasmodic Spinal Paralysis

Spastic Cerebral Paraplegia

Spinal Meningeal Hæmor-
rhage

Syphilitic Spinal Paralysis

Syringomyelia

Tetanus

Tetany

esp. of fingers and toes

Thrombosis of Brain

Torticollis

Trauma of Nerve

Tumour of Brain

,, of Spine

Muscular disuse leads to
rigidity of opponents.

1421. Passive Contractures

These do not disappear dur-
ing sleep and they can-
not be overcome without
rupture of the tissues.

Arthritis, Gonorrhœal

,, Rheumatoid

Bulbar Paralysis, III.

Dupuytren's Contracture

Ischæmic Paralysis, II.

Rheumatism, Chronic

Spondylitis

Trauma of Muscle

Tuberculous Joints

Tumour near Joint

1422. Kernig's Sign

With the patient lying on
his back with the thigh
flexed, or sitting on the
edge of the bed, forced
extension of the leg on
the knee is almost im-
possible. The arms have
been known to give a
similar sign.

Cerebellar Hæmorrhage

Enteric Fever

in children 50 per cent.

Meningeal Hæmorrhage

Meningitis, Cerebro-spinal

,, Postbasal

,, Spinal

,, Tuberculous

Thrombosis of Lat. Sinus

1423. Waxy Rigidity

The limbs offer to passive
movement a resistance
like that of wax. They
remain in the position in
which they are placed.

*Catalepsy

Epilepsy

Hypnosis

Hysteria

Melancholia

Meningitis (x)

Tumour of Brain

Rigidity of Abdominal Muscles

(see 827)

1424. Trismus

Tonic closure of lower jaw.
Mechanical and reflex
causes are included here.

*Abscess near Masseter

Angina Ludovici

Brain Tumour

Catalepsy (x)

TRISMUS—*continued*

Cerebro-spinal Meningitis

Dental Irritation

*Dentition

esp. of wisdom-teeth

Epilepsy (x)

Epithelioma, Oral

Facial Neuralgia (x)

Hysteria (x)

Intestinal Irritation

esp. worms

Meningitis, Tuberculous (x)

in adults

Mumps

Myositis Ossificans

Odontoma

Quinsy (x)

Strychnine-poisoning

rare; when present, late

Temporo-maxillary Arthritis

*Tetanus

constant and early

Tetany (x)

Trichinosis

Uræmia (x)

1425. Emprosthotonos

(Body curved forwards)

Cerebro-spinal Meningitis

(x)

*Intracranial Spinal

Hæmorrhage, i.

Paralysis Agitans

(See *Cyphosis*, 812)

1426. Opisthotonos

(Body curved backwards)

Cerebro-spinal Meningitis

Hysterical Convulsions (x)

neck not stiff

Internal Spinal Meningitis

Strychnine

relaxed intervals

*Tetanus

no relaxed intervals

Tumour of Cerebellum

middle lobe

Uræmia

Retraction of Head (see 361)

1427. Spasm of Swallow

Adenoids

*Hydrophobia

no opisthotonos

Hysteria

Lyssaphobia

Neurasthenia

Strychnine

Tetanus

* * It is often associated with
Laryngismus stridulus.1423. Spasm of Inspiratory
Muscles

Epilepsy

Hydrophobia

*Tetanus

Tetany

1429. Spasm of Vocal Cords
(Laryngismus)

Adenoids

Aortic Aneurysm

Epilepsy, i.

Gastro-Intestinal Irritation

Hydrophobia

clonic

Intrathoracic Tumour

Measles

Rickets

1430. Spasm of Sternomastoid

Spasmus nutans

double

Torticollis, Spasmodic

1431. Spasmodic Flexion of Toes

Cramps

Paralysis Agitans

The four smaller ones only.

1432. Trousseau's Phenomenon

Sudden violent spasm of muscles of forearm upon pressure over median nerve and brachial artery.
(See *Accoucheur's Hand*, 890).

Cramps

Tetany

1433. Chvostek's Phenomenon

A slight tap over a muscle or nerve produces muscular contraction; the facial nerve or its branch below the hyoid bone is usually selected.

Phthisis (x)

Rheumatoid Arthritis

Tetany

Thomsen's Disease

spastic

Writer's Cramp (x)

1434. ELECTRICAL REACTION

1435. Faradisation.—This produces contraction of a muscle, not directly, but through its nerve. The large or indifferent electrode, moistened with warm salt water, should be placed upon the sternum, sacrum, or upper part of the back; the small exciting electrode over the relaxed muscle at one of Ziemssen's motor points which are usually at the spot where the nerve enters the muscle. The current is then strengthened until a visible muscular contraction is produced. As cold slows contraction, care must be taken that the limb is warm. Note the degree and compare one muscle with another.

1436. Galvanic Current.—About 30 Leclanché cells, or their equivalent, are required. Place electrodes as before. Turn switch so that the small one becomes the *negative* pole (kathode or 'current of exit'). Close the circuit several times until the minimum strength which will produce muscular contraction at closing (K.C.C.) is obtained. Repeat with current reversed so that the small electrode becomes the positive pole or anode, get the Anode Closing Contraction and compare the two. The character of the contraction, whether sluggish, sharp, or tetanic, should be noted. In health K.C.C. (kathode closing contraction) requires the weakest current, and K.O.C. the strongest; A.O.C. (anode opening contraction) and A.C.C. are intermediate.

The testing of muscles in the future is likely to be done by the Condenser. This measures the contractility in microfarads and is painless.

1437. Reaction of Degeneration (R.D.)

Strong but sluggish or vermiform galvanic, and diminished or lost Faradaic, contractility.

A.C.C. = K.C.C.

R.D. is not found in cerebral or in functional diseases. It occurs in connection with disease of the peripheral nerves, the roots, or the anterior horns, and, consequently, in muscular atrophies.

In muscular dystrophies it is found very late if at all.

Amyotrophic Lateral Sclerosis (x)

Atrophic Spinal Paralysis, Chronic

Bulbar Paralysis

Cauda Equina, Lesion of

Compression of Cord

Diphtheritic Paralysis

Hereditary Muscular Atrophy

REACTION OF DEGENERATION (R.D.)—*continued*

Idiopathic Muscular Atrophy

Injuries to Cord

*Lead Paralysis

Myelitis

*Neuritis, II.

*Peripheral Paralysis in general

Poliomyelitis, Anterior paralysed muscles

Pressure on Nerve-trunks

Rheumatic Paralysis

Spinal Paralysis of Adults, Acute

Syringomyelia, II.

Tooth's Paralysis

Traumatic Paralysis

1433. Flora's Myasthenic Reaction

The affected muscles gradually fail to respond to prolonged faradisation, and only slowly recover their power.

Traumatic Neurosis

1439. Jolly's Myasthenic Reaction

This consists in the rapid temporary loss of Faradaic tetanus by the muscle which, however, still reacts to galvanic and voluntary stimuli. The loss of excitability is limited to an area near the spot stimulated.

Erb's Disease

Hysteria

Myasthenia Gravis

Neurasthenia

Traumatic Neurosis

1440. Myasthenic State

This, though not an electrical reaction, is inserted here for convenience.

A voluntary movement, on being frequently repeated, becomes weaker and weaker until it is temporarily lost.

Myasthenia Gravis

1441. Rumpf's Traumatic Reaction

Alternating fibrillary and tonic contractions after the cessation of vigorous faradisation

Traumatic Neurosis

1442. Ghilarducci's Reaction (R.D.d.)

The active electrode is placed not on the muscle, but at a distance; *e.g.* on the wrist for the forearm. This reaction persists long after all others have been lost, and its absence indicates a complete separation from the trophic centre.

Electric Irritability

1443. Diminished

Amyotrophic Lateral Sclerosis

Chorea

Locomotor Ataxy

Myasthenia Gravis

Occupation Neurosis, II.

1437-1443

ELECTRIC IRRITABILITY

DIMINISHED—*continued*

Paralysis Agitans, III.

Periodic Paralysis

lost during paroxysms

Poliomyelitis, Chronic Anterior

certain muscles only

Progressive Muscular Atrophy

myopathic form

Syringomyelia

1444. Increased (rare)

Hemiplegia

Locomotor Ataxy

Myelitis

Occupation Neurosis, I.

Peripheral Neuritis, I.

Rickets

Tetany

with an anodal opening
tetanus (Erb)**1445. Unaffected**

Cerebral Hemiplegia

Hysterical Paralysis

Psychical Paralysis

Transverse Lesion of Cord

1446. Myotonic Reaction

The reaction from either current develops and relaxes very slowly. A.C.C. is often stronger than K.C.C.

*Thomsen's Disease

1447. Erb's Point

Situated at a finger-breadth external to the sternomastoid and two above the clavicle. Electric stimulation here produces contraction of the deltoid, biceps, brachialis, and supinator longus.

1448. THE BLOOD

The total weight of the blood in an adult is about six pounds, or one-twentieth of the body-weight. The blood needed for purposes of examination should be obtained from the ear-lobe of a fasting or nearly fasting patient; or from a vein direct if bacteria, etc., are being sought for. A cover glass being laid upon a slide, a drop is placed at the edge, so that the blood may be drawn under it by capillary attraction. If pressed down tightly, an artificial poikilocytosis may be induced. The specimen is then examined with a $\frac{1}{12}$ inch oil immersion objective. The most convenient hæmacytometer is the Thoma-Zeiss, but in its absence an approximate estimate of the number of leucocytes in each cubic mm. may be obtained by the following formula: *Multiply by 1600 the number of leucocytes visible in the field of a microscope that magnifies 500 diameters.* An average must be struck from the examination of several fields. The various forms of leucocytes are found in the following proportions: eosinophiles 0·5 to 4 per cent.; basophil cells 0·025 to 1 per cent.; large lymphocytes with single oval nucleus, 3 to 10 per cent.; small lymphocytes, 15 to 30 per cent.; polymorphonuclear neutrophile leucocytes, 60 to 75 per cent.; hyaline cells 4 per cent. The most useful staining fluid is Jenner's. As soon as the film is dry, a few drops are poured on it and covered with a watch glass to prevent evaporation; it is then left for 2 to 4 minutes. Rinse in distilled water till the out-flow is pink (10 seconds), then dry over gentle heat, and mount in xylol balsam. The red cells will be terra-cotta colour, the nuclei blue, the granules of myelocytes and of polynuclear cells red, platelets mauve, mast cells violet, and filarial and malarial parasites blue. For Hæmatozoa, Leishmann's stain is used.

1449. RED CELLS

The normal proportion is 5 millions to the cubic millimetre in males and $4\frac{1}{2}$ in females. Residence in high altitudes increases the number by 100,000 for every 330 feet. The red cells are about half the bulk of the blood; in post-natal life, they are all formed from the red marrow of the long bones.

1450. Oligocythæmia

Diminution in the number
of the red cells.

Anæmia
Aplastic Anæmia
Banti's Disease
Caisson Disease
Carcinoma
Chloroma
Chlorosis
Hæmochromatosis
Hæmorrhage
Helminthiasis
Lead-poisoning
Leukæmia
Lymphadenoma
Malaria
Pernicious Anæmia

sometimes reduced to
400,000 or less

Rheumatism
Splenic Anæmia
Tuberculosis
Wasting Diseases

1451. Polycythæmia (Erythrocytosis)

Red cells increased in
number.

Addison's Disease
Cholera
Chorea
Congenital Heart Disease
6 to 14 millions

Cyanosis (396)

slight increase

Diabetes

Leukæmia

Nephritis, Chronic

Polycythæmia, Splenomegalic

8 to 12 millions

Trypanosomiasis

Also, temporarily, after a
cold bath or a heavy meal.

It occurs, further, in some
debilitated conditions as
from diarrhœa, vomiting,
sweating and polyuria,
where it is due to lessened
fluidity of the blood by
concentration.

1452. Anisocytosis

Extreme variations in the
size of the red cells.

Anæmia, Severe

*Pernicious Anæmia

1453. Macrocytes and Microcytes

These are simply non-nucleated red cells of unusual size.

Anæmia

Chlorosis (x)

Pernicious Anæmia

**1454. Megaloblasts, Micro-
blasts, Normoblasts**

Nucleated red cells of various sizes. Normoblasts, which are the size of an ordinary red cell are present in the blood of new-born infants.

Anæmia, Secondary
Cancerous Cachexia
Chlorosis

esp. megaloblasts

Congenital Cholæmia

Hæmorrhage

Leukæmia

Pernicious Anæmia

megaloblasts numerous

Pseudo-leukæmia Infantum

. Absent in aplastic anæmia.

1455. Granular Red Cells

‘Basophilic granules’

Anæmia, Tropical

Carcinoma

Intestinal Decomposition

*Lead-poisoning

Leukæmia

Malaria

Pernicious Anæmia

**1456. Platelets or Deetyen
Bodies**

Increased in :

Anæmia of Children

Chlorosis

Hæmorrhage

Diminished in :

Pernicious Anæmia

1457. Hyaline Cells

12 μ in diameter ; nucleus
horse-shoe shaped

Significance unknown

1458. ‘Ghosts’ or ‘Shadows’

Colourless red cells showing
a double outline.

Hæmoglobinuria (1001)

Pernicious Anæmia

1459. Poikilocytosis

The red cells altered in shape ;
crenated, pear-shaped,
kidney-shaped, etc.

Anæmia, Secondary

Banti's Disease

Cancer of Stomach

Chloroma

Chlorosis (x)

Congenital Cholæmia

Lead-poisoning

Leukæmia

Pernicious Anæmia

Splenic Anæmia

**1460. Colour Index (‘Valeur
Globulaire’)**

Divide the hæmoglobin percentage by the percentage of red cells present (taking five millions as the normal). Thus if the blood contains 80 per cent. of hæmoglobin and two millions of red cells, as two millions are 40 per cent. of five millions, the Colour Index will be 2 ($80 \div 40$).

The principal example of a ‘plus’ colour index is pernicious anæmia and of a ‘minus’ colour index, chlorosis.

WHITE CELLS

1461. Leucocytosis

Increase in the number of polymorphonuclear leucocytes. Normally, 7500 to the cubic mm.

Abscess of all Kinds
esp. when under pressure

Amyloid Disease

Anæmia, Secondary

Ankylostomiasis

Appendicitis

a count gradually increasing to 35,000 means an abscess

Bronchiectasis

Bronchitis, Fetid

Cachexia

Cancrum Oris

Carcinoma

except of gullet or intestine

Cerebro-spinal Meningitis

Chlorosis, II.

Cholangitis, Infective

Cholera

Cirrhosis of Liver

Diphtheria

Empyema

Endocarditis, Septic

Erysipelas

Gall-Bladder, Empyema of

General Paralysis

Glanders

Glands, Caseous

Gout

Hæmorrhage, Post

Hypertrophic Cirrhosis

Inflammation

Intestinal Obstruction

Lead-poisoning

*Leukæmia

sometimes one white to four red

Lymphadenoma

Measles

incubation only

Meningitis, Tuberculous

Mental Affections, Acute

Myxœdema

Osteomyelitis

Otitis Media

Ovarian Cyst, Suppurating

Peritonitis

Pertussis

Phlebitis, Suppurating

Phthisical Cavity

Plague

Pleural Effusion, Simple
slight

Pneumonia, Lobar

„ Lobular

Pseudo-leukæmia Infantum

with infection

Pyæmia

Pylephlebitis

Pyosalpingitis

Rabies

Rheumatism, Acute

Rickets

Sarcoma

*Scarlatina

Serum Injections

Septicæmia

Splenic Anæmia

Tetanus

Tonsillitis, Follicular

LEUCOCYTOSIS—continued

Urethritis

Variola

Whitlow

Yellow Atrophy, Acute

There is a normal increase in pregnancy and after exercise, cold baths, and, (except in cancer of stomach) during digestion. Though present in most general infections, it is slight or *absent* in measles, influenza, mumps, malaria enteric, paratyphoid, r  theln, varicella, and, unless secondary infection takes place, in tuberculosis. A high count, early, implies pyogenic infection.

1462. Leukopenia

Diminution in the number of leucocytes.

*Aplastic An  mia

*Banti's Disease

Chlorosis (x)

Colitis, Ulcerative

Congenital Chol  mia

*Enteric Fever

early symptom.

Exophthalmic Go  tre

H  mophilia

Influenza

*Kala Azar

Lymphadenoma, II.

Malaria

Malta Fever

Measles

Peritonitis, Tuberculous

*Pernicious An  mia

3000 or less

Pneumonia (x)

a dangerous form

Splenic An  mia

Starvation

Tuberculosis, I.

A leucopenia takes place during sleep and it is found in poisoning by arsenic, alcohol, lead, mercury and morphia.

1463. Lymphocytosis

Increase in the number of the small mono-nucleated leucocytes (lymphocytes); but in many cases the increase is only relative. They originate in adenoid tissue. A normal increase takes place two hours after a meal and also during sleep and amongst X-ray workers. A large hyaline lymphocytosis occurs in malaria.

Aplastic An  mia

Banti's Disease

Bruhl's Disease

Carcinoma

Chloroma

Chlorosis

Enteric Fever

Exophthalmic Go  tre

Gastric Catarrh

Go  tre

H  mophilia

Hooping-Cough

Infancy, Healthy

*Leuk  mia, Lymphatic

Locomotor Ataxy

Lymphadenoma

Malaria

Measles

Mental Affections

Mumps

LYMPHOCYTOSIS—*continued*

Pellagra
 Pernicious Anæmia
 Pseudo-leukæmia Infantum
 Rickets
 Sarcoma
 Scarlatina
 Scurvy
 Swellings, Glandular
 Syphilis, Acquired
 „ Hereditary
 Trypanosoma
 Tuberculosis
 early
 * * A decrease in lymphocytes is rare unless there is a corresponding increase of leucocytes.

1464. Eosinophilia

The granules are stained pink by eosin.

Addison's Disease
 Anæmia, Simple (x)
 Ankylostomiasis
 *Asthma, Spasmodic
 Banti's Disease
 Bilharzia
 Bone Diseases
 *Bulloid Eruptions
 Cancerous Cachexia
 Dermatitis Herpetiformis
 Dracontiasis
 Eczema
 Emphysema
 Fevers, Convalescence after
 Filariasis
 Gonorrhœa
 *Helminthiasis
 except ascarides and trichocephalus
 Hydatids

Hysteria
 Leukæmia, Spleno-medul-
 Lithæmia [lary
 Lymphadenoma
 Mental Affections, Chronic
 Neurasthenia
 Osteomalacia
 Osteomyelitis
 Ovarian Disease
 Pemphigus
 Phosphorus-poisoning
 Phthysical Cavities
 Pneumonia
 after crisis
 Rheumatism, Acute
 Rickets
 Sarcoma of Bone
 Scarlatina
 Skin Affections
 Trichinosis
 It can be produced by taking camphor.

1465. Eosinopenia

Carcinoma
 *Enteric Fever
 Fevers, Other
 Hæmorrhage, Post
 Pernicious Anæmia

1466. Myelocytes

Myelocytes are found normally in bone marrow.

Anæmia, Aplastic
 Ankylostomiasis
 Carcinoma
 Chlorosis
 Leukæmia, Spleno-medul-
 Malaria [lary
 Pernicious Anæmia
 Pseudo-leukæmia Infantum
 Scurvy

1467. Basophilia (Mast Cells)

These are about the size of a lymphocyte and contain a number of granules which stain blue with Jenner. A few are found normally.

Acromegaly

Anæmia, Splenic

Chloroma

*Leukæmia, Medullary

Staphylococcus Infections

It can be produced artificially by injecting milk.

1468. Hæmoconiosis

Blood-dust of Müller. Significance uncertain. The particles are more abundant after a meal.

1469. SPECIFIC GRAVITY

Normally 1055 in men, 1053 in women, and 1051 in children.

Low Sp. Gr. (This is known as Hydræmia)

Anæmias

Anasarca

Carcinoma

Cholæmia, Cong.

Hæmorrhage

Nephritis

*Pernicious Anæmia (Sp. Gr. 1035)

Pregnancy

High Sp. Gr.

Cholera

Polycythæmia, Splenomegalic

up to 1083

Loss of fluids in general

1470. Hæmoglobin Increased

Normally 100 c.c. of blood contain 13·5 grams of hæmoglobin.

Hall's Rotary Hæmoglobinometer is one of the best, but Talqvist's papers are convenient.

Aplastic Anæmia

Polycythæmia, Splenomegalic

Pulmonary Stenosis

1471. Hæmoglobin Diminished

Anæmia (all forms)

Banti's Disease

Chlorosis

sometimes to $\frac{1}{5}$

Enteric Fever

Lead-poisoning

Pernicious Anæmia

but not so much as the oligocythæmia would seem to imply

1472. Free Hæmoglobin (Lake blood)

Hæmoglobinuria, Paroxysmal

Hyperpyrexia (297)

Malaria

Phosphorus-poisoning

Sunstroke

1473. Viscosity

Polycythæmia or lessened fluid content.

Cholera

Diabetes

Diarrhœa

Dysentery

Polycythæmia, Splenomegalic

1474. Pigment (Melanæmia)

Addison's Disease
 Hæmoglobinuria, Paroxysmal
 Intermittent, Pernicious
 Malaria
 Melanotic Tumour
 Relapsing Fever

1475. Hyperinosis

Excess of Fibrin.

Chlorosis
 Erysipelas
 Infectious Diseases
 Influenza, I.
 Phthisis
 Pneumonia
 Rheumatism
 Scurvy
 Serous Inflammations
 Suppuration

1476. Hypinosis

Deficiency of Fibrin

Emphysema
 Hæmoglobinuria
 Hæmophilia
 Hæmorrhage
 Inflammation of Mucous
 Surfaces
 Pernicious Anæmia

1477. Glycogenic Reaction

The cover glass is placed film upwards under a close-fitting bell glass, together with a few crystals of iodine, for a few minutes, and then mounted in lævulose syrup. The glycogen-holding parts are stained mahogany brown.

Abscess, Cerebral
 Appendicitis
 Arthritis, Gonorrhœal
 Broncho-pneumonia
 Diabetes
 Diphtheria, Inflammatory
 Dyspnœa, Acute
 Emyema
 Gangrene of Lung
 Pneumonia, Acute
 Suppuration

Most diseases with well-marked leucocytosis show the reaction, and it is present in sepsis even where there is none. It is absent in dry or serous pleurisy and in uncomplicated tuberculosis. Normal blood gives a slight reaction.

1478. Alkalinity Increased

The normal alkalinity is equal to 300 milligrammes of NaHO per 100 c.c.

Amyloid Liver
 Appendicitis
 Gallstones
 Gout
 Influenza
 Jaundice, Catarrhal
 Phthisis
 Pneumonia
 Rheumatic Fever
 Rubeola

The alkalinity rises during digestion and in the early morning.

1479. Alkalinity Diminished

Anæmia, Secondary
 Cancerous Cachexia
 *Cholera

ALKALINITY DIMINISHED ---

continued

*Diabetes, II.

Eclampsia

Epilepsy

*Enteric Fever

Fevers in General

Gastric Ulcer

Leukæmia, Splenic

Mania, Acute

Paralysis, General

Tuberculosis

The condition is found after exercise and whenever the system is much lowered. The blood has sometimes been found *acid* in cholera.

1480. Fat

‘Strawberry-cream blood.’

The normal proportion is 5 per cent.

Diabetes

20 per cent.

1481. Acetone

*Diabetic Coma

Ulcer of Stomach

1482. Choline

This is an indication of nerve degeneration. It is not found in hysteria.

Beri-beri

Dementia

General Paralysis

Muscular Atrophy

Myelitis, Transverse

Neuritis

Sclerosis, Disseminated

Syphilis, Cerebral

* * Also after division of a nerve.

1483. Cholesterolin

A small quantity is normally present. This is increased in :—

Enteric Fever

Gallstones

90 per cent. of cases

Puerperal state

Pregnancy

1484. Agglutination Test (Widal Reaction)

One part of serum, obtained most conveniently from a blister, is added to 200 parts of a 24-hour bouillon-culture of the typhoid bacillus. The bacilli quickly lose their mobility and clump together in 95 per cent. of typhoid cases, if examined after the fifth day. The same principle has since been applied to other diseases as under.

Bacillus coli Infection

Cholera

Endocarditis (x)

*Enteric Fever

continues long after recovery

Glanders

Malta Fever

Paratyphoid Fever

high dilution only

Plague

Ptomaine Poisoning

bacillus of Gaertner

Tuberculosis

Absent in ₁psittacosis.

1479-1484

1485. Aniline Reaction

A 1 in 1000 solution of methylene blue, alkalised with caustic potash, and warmed, gives a yellowish-green tint with the blood of

Diabetes

1486. Coagulation Period

Normally 10 minutes.

Slowed in :—

Exophthalmic Goitre

*Hæmophilia

Pernicious Anæmia

Streptococcus Infections

Hastened in :—

Enteric Fever

Pneumococcal Infections

1487. Freezing Point Δ

This is low in direct proportion to the quantity of salts present. Normal point — 0.56. If below :

Renal Incompetence

1488. Isolysin in Blood

This was said to be diagnostic of cancer, but it has been found since in tuberculous and even in healthy subjects.

1489. Brieger's Cachexia Reaction

This depends upon the fact that the serum of persons suffering from cancerous and other cachexiæ has a greater inhibitory power upon

the action of γ trypsin than has normal serum. Hysterical cachexia gives no reaction, probably because there is no destruction of leucocytes.

1490. Wassermann Reaction

As a pure culture of the pathogenic agent of syphilis cannot be obtained, an extract of syphilitic liver is employed. This serves as the antigen which, applied to ordinary blood, produces hæmolysis; but, applied to blood containing the syphilitic 'antibody,' does not. The technique is too complicated for insertion here.

Diabetes (x)

General Paralysis

Leprosy

Locomotor Ataxy

Noma

Osteitis Deformans

Raynaud's Disease

Syphilis, Congenital

even on day of birth

Syphilis, Primary

40 per cent. only

*Syphilis, Secondary and Tertiary

Trypanosomiasis

Yaws

If the patient has been taking mercury, a three-weeks' course of iodide is necessary before the test is made.

1491. Stern's Modified Wassermann

This gives a reaction in more cases of primary syphilis than the original test; but is positive in a larger proportion of healthy subjects.

1492. Porges-Meier Reaction

This is said to give the same results as Wassermann's Reaction. A one per cent. emulsion of lecithin in normal saline is mixed with an equal part of blood serum and allowed to stand at room temperature for five hours. The lecithin is precipitated by syphilitic, but not by normal, serum.

1493. Justus' Test

A single inunction of mercury causes a marked reduction in the percentage of hæmoglobin.

Syphilis

The test is of positive value only.

1494. Opsonic Index

This is the difference between the phagocytic power of a leucocyte for a given bacillus in (a) normal serum and (b) serum derived from blood infected with that particular bacillus. It is expressed by a vulgar fraction in which the numerator is the average number of bacteria per leucocyte in the patient's film and the denominator that in the normal film. The index rises and falls nearly *pari passu* with the temperature.

1495. BACTERIA, ETC.

1496. GRAM'S DIFFERENTIATING STAIN

The film having been spread and dried, stain for two or three minutes in aniline gentian violet. Rinse in water. Flood with Gram's iodine solution, allowing it to act for one minute. Finally wash off with alcohol, by rocking to and fro till no more colour comes away.

1497. Gram Positive

Actinomycosis
 Bacillus Aenes
 B. Anthracis
 B. Boas-Offler
 B. Klebs-Loeffler
 B. Lepre
 B. Pyocyaneus
 B. Tetani
 B. Tuberculosis
 B. Vaginæ
 Favus
 Micrococcus Epidermidis
 „ Tetragenus
 Pneumococcus
 Ringworm
 Sporotrichon Bearmanni
 Staphylococcus
 Streptococcus
 Streptothrix
 Yeasts
 Keratinised epithelium,
 calcified particles and the
 granules of eosinophiles
 are also Gram Positive.

1498. Gram Negative

All Parasitic Protozoa
 Bacillus Coli
 B. Dysenteriae
 B. Fusiformis
 B. Gaertneri
 B. Lactis Aërogenes
 B. Mallei
 B. Paratyphosus
 B. Pestis
 B. Pertussis
 B. Pfeifferi
 B. Smegmæ
 B. of Soft Sore
 B. Typhosus
 Diplococcus, Weichselbaum
 Gonococcus
 Meningococcus
 Micrococcus Catarrhalis
 „ Melitensis
 Pneumobacillus of Fried-
 länder
 Proteus Vulgaris
 Spirochæta Denticola
 „ Schaudinnii
 Spirillum Cholerae
 „ Obermeyer

1499. Acid-Fast Bacilli

Bacillus Lepræ

Bacillus Smegmæ

found normally about
clitoris and prepuce

Bacillus Tuberculosis

** B. Smegmæ is decolourised
by alcohol; B. Tuber-
culosis is not.

1500. Filtrable Viruses

Organisms cease to be
visible through any
microscope if less than
0.3 μ in diameter.

Dengue

Measles

Molluscum Contagiosum

Poliomyelitis, Anterior

Rabies

Scarlatina

Trachoma

Typhus

Varicella

Variola

Yellow Fever

The list is provisional as
experts are not quite in
agreement.

1501. MICROCOCCI (spherical bacteria)

1 micromillimetre (μ) = $\frac{1}{1000000}$ of a metre or $\frac{1}{25000}$ of an inch.
In general, bacteria in blood are demonstrated by culture only.

1502. Staphylococcus Pyogenes

Var. aureus, albus, citreus;
size, 0.9 μ , cocci arranged
in clusters.

Abscess

Acne

Boil

Carbuncle

Empyema

Endocarditis, Ulcerative

Glandular Suppuration

Osteomyelitis

Otitis Media

Pemphigus neonatorum

Periostitis, Acute

Pyæmia

Rheumatic Fever

Sloughs

** Local Inflammation in
general.

1503. Streptococcus Pyogenes

Size 1.0 μ , cocci arranged
in wavy chains.

Abscess, Glandular

,, Secondary

Cholera, Sporadic

Diphtheria

Erysipelas

Membranous Pharyngitis

Peritonitis, Puerperal

Pneumonia

Pyemia (x)

Scarlatina

Septicæmia

** Severe Inflammatory Pro-
cesses in general.

1504. Streptococcus Brevis

The adjective applies to
the chain, not to the
organism.

Inflammatory Affections

Some are found normally in
the mouth.

1505. Streptococcus Erysipelatis

This is now believed to be identical with *S. Pyogenes*.

1506. Streptococcus Malæ
Arthritis**1507. Streptococcus Conglomeratus**
Scarlatina (?)**1508. Streptococcus Salivarius**
Pyorrhœa Alveolaris**1509. Streptococcus Epidermidis Albus (Micrococcus of Unna)**
Eczema**1510. Pneumococci (Diplococcus of Fränkel)**

Small oval cocci $1\mu \times 0.75\mu$, often arranged in pairs. Capsule well marked.

Abscess

„ Hepatic

Arthritis

Broncho-pneumonia

Cellulitis

Empyema

25 per cent. in adults; 60 per cent. in children

Endocarditis

Hepatic Abscess

Keratitis

Mediastinitis, Anterior

Meningitis

Otitis Media

Pericarditis, Suppurative

Peritonitis

Pleurisy

*Pneumonia, Acute

Salpingitis

A few are found in healthy saliva.

1511. Micrococcus Rheumaticus

Smaller than *Streptococcus Pyogenes*. In short chains. It curdles milk.

Acute Rheumatism

Chorea

Endocarditis

1512. Diplococcus Intracellularis Meningitidis (Weichselbaum)

Cerebro-spinal Meningitis

1513. Meningococcus
Post-basic Meningitis**1514. Gonococcus (Neisser)**

Like two beans with adjacent hila. Usually contained within a leucocyte.

Gonorrhœa

Gonorrhœal Cystitis,

Endometritis, Endocar-

ditis, Ophthalmia, or

Salpingitis

Meningitis (x)

Septicæmia (x)

1515. Micrococcus Catarrhalis
kidney-shaped

Coryza

1516. Coccus of Kokubo
Beri-beri

1517. Micrococcus tetragenus

Cocci in clusters of four
Cavity of Phthisis or Bron-
chiectasis

Suppuration in Mouth

1518. Micrococcus Melitensis

Size $0.5\mu \times 0.5\mu$ —flagellate,
found in spleen

Malta Fever

And some Indian Fevers

1519. Parameningococcus

Cerebro-spinal Meningitis
certain forms only

1520. Sarcina Ventriculi

Cocci in bundles of four
or multiples of four.

Dilatation of Stomach

Hour-glass Stomach

BACILLI

Rod-shaped bacteria

**1521. Bacillus Aërogenes Cap-
sulatus**

Size 3.0μ , to 6.0μ , often
occurring in pairs.

Emphysema, Interstitial

Pneumaturia

Pneumothorax

1522. Bacillus Anthracis

Thick plump rods, encap-
suled and granular.

Anthrax

Meningitis (x)

1523. Bacillus Acnes

Short rods $1.5\mu \times 0.5\mu$.

Acne

Alopecia Areata

Seborrhœa

1524. Bacillus Botulinus

4 to $9\mu \times 1$ to 1.2μ ,
motile.

Botulism

1525. Bacillus of Barton

Carrion's Disease

1526. Bacillus Coli Communis

Resembles *B. typhosus*, but
has shorter flagella. It
ferments glucose and co-
agulates milk. Occurs
normally in the large
bowel.

Abdominal Abscess

Appendicitis

Arthritis

Broncho-Pneumonia

Cholangitis

Cholecystitis

Colitis

Conjunctivitis

Cystitis

Diabetes

Diarrhœa, Infantile

Dermatitis

Empyema

Endocarditis

Endometritis

Enteritis

BACILLUS COLI COMMUNIS—

continued

Epididymitis

Gastric Ulcer

Mastitis

Membranous Colitis

Meningitis

Otitis Media

Pancreatitis

Peritonitis

Pleurisy

Pneumothorax

Prostatitis

Pyelitis

Pyelonephritis

Septicæmia (x)

Sigmoiditis

Summer Diarrhœa

Urethritis

1527. **B. Dysenteriæ**

Diarrhœa, Summer

Dysentery, Bacillary

1528. **Bacillus, Comma**See *Spirillum Cholerae*1529. **Bacillus of Ducrey**Size $1.5 \mu \times 0.5 \mu$; minute rods.

Soft Sore

1530. **B. Enteritidis (Aertrycke)**

Food Poisoning

Psittacosis

It originates in Swine Fever.

1531. **B. Enteritidis (Gaertner)**

Ptomainism

1532. **B. Enteritidis Sporogenes**

Summer Diarrhœa

1533. **Bacillus Filiformis**

(Boas)

Cancer of Stomach

1534. **Bacillus Fusiformis**6–12 μ long; flagellate.

Hospital Gangrene

Syphilis

*Vincent's Angina

** But present in 80 per cent.
of normal throats.1535. **Bacillus of Friedländer**

(Pneumobacillus)

Short capsulated rod with
rounded ends,

Acute Pneumonia

not causative

Appendicitis

Empyema

Meningitis

Pyæmia

1536. **Bacillus Hodaræ** $1 \times 6 \mu \times 3 \mu$.

Trichorrhæxis Nodosa

or 'Hodara's Disease
which some think is
distinct from this.1537. **Bacillus of Hoffmann (or
B. Pseudodiphtheriæ)**Short, motile, wedge-shape,
arranged in pairs base
to base; not beaded
after staining. Found
sometimes in healthy
throats.

Diphtheria (x)

1538. Bacillus of Hansen

Resembles *B. tuberculosis*,
but is shorter and stains
without warming.

Leprosy

**1539. Bacillus of Klebs-
Loeffler**

$3.0 \mu \times 3.6 \mu$. Straight or
slightly curved, ends
clubbed; non-motile;
beaded after staining.
The swab should be
rotated on the false mem-
brane and not allowed to
touch any other part of
the oral cavity. The
bacillus is difficult to
obtain alone except from
a culture specimen on
serum.

*Diphtheria

1540. Bacillus of Koch-Weeks
Conjunctivitis**1541. Bacillus Lactis Aëro-
genes**

Normal in the stools of
infants.

Emphysema of Skin (x)

Gangrene of Lung

Pneumothorax (x)

Pneumaturia
from catheter

**1542. Diplo-Bacillus of Morax-
Axenfeld**

Angular Conjunctivitis

1543. Bacillus Mallei

Like *B. tuberculosis*, but
thicker and stains more
easily, motile.

Glanders

1544. Bacillus Paratyphosus

It ferments glucose.

Paratyphoid Fever

1545. Bacillus Pestis

Plague

1546. Bacillus of Pfeiffer

Size $1.5 \mu \times 0.3 \mu$. Straight
with rounded ends.

Influenza

Meningitis

Pyæmia

**1547. Bacillus Pertussis of
Bordet and Gengou**

small ovoid

Whooping Cough

1548. Bacillus Pyocyaneus

Abscess

Empyema

Impetigo

Pemphigus neonatorum

Suppuration

** Discharge bluish.

1549. Bacillus Proteo-Vulgaris

Cholera Infantum

Cystitis

Ozæna

Peritonitis, Purulent

Pyelitis

1550. B. of Rhinoscleroma

Rhinoscleroma

1551. Bacillus Segmentosus

Coryza

1552. Bacillus of Shiga***Dysentery**

Summer Diarrhœa of Infants

1553. Bacillus Tuberculosis (Human)Rods $3.0\mu \times 0.3\mu$ acid-resisting. Straight or slightly curved.

This is the one bacillus the detection of which is indispensable. As with others, a $\frac{1}{12}$ inch oil immersion objective is desirable. Two solutions: (a) a steaming hot solution of Ziehl's Carbol-Fuchsin; (b) a solution composed of solid Methylene Blue 2 grammes and water 75 cc.

Stain the smear for one or two minutes with solution a; wash in water. Next place it for half to one minute in solution b, and finally wash well with water. The tubercle bacilli are stained red; others blue. *Bacillus Smegmæ* gives much the same reaction, but is decolorised by alcohol, while *B. tuberculosis* is not.

When the bacillus is difficult to find, the sputum should be boiled with an equal quantity of liquor potassæ (5 per cent.) and centrifuged after dilution.

Erythema Induratum

Lupus Vulgaris

Meningitis, Tuberculous cerebro-spinal fluid

Tuberculosis of Bowel
in fæcesTuberculosis of Kidney or Bladder
in urine***Tuberculosis of Lungs**
in sputaTuberculosis Verrucosa
Cutis

Only a few bacilli are found in caseous material and in Acute Miliary Tuberculosis.

1554. B. Tuberculosis (Bovine)

This is shorter, thicker and more regular in size than the human form. Rare in adults. It is found amongst children in—

Abdominal Tuberculosis

50 per cent.

Bone and Joint Tuberculosis

50 per cent.

Empyema

3 per cent.

Glands, Tuberculous

Lupus

50 per cent.

It is rarely found in pulmonary tuberculosis.

1555. Bacillus TyphosusSize 2 to $4\mu \times 0.5\mu$.

Rounded extremities, long wavy flagella; found in the spleen, ulcers, etc., but in stools by culture only. It does not ferment glucose nor coagulate milk.

Abscesses, Typhoid

BACILLUS TYPHOSUS—contd.

Cholecystitis Typhosa

Endocarditis, Ulcerative

*Enteric Fever

Osteomyelitis

Periostitis, Acute Suppurative

1556. Bacillus TetaniSize 4.0×0.4 . Drumstick, with slightly motile flagella.

Tetanus

1557. Bacillus (unnamed)

Bell's Mania

OTHER ORGANISMS**1558. Amœba Dysenteriae**

Dysentery, Amœbic

1559. Filaria Sanguinis HominisThe larval form of *F. Bancroftii*

Chyluria

Filarial Abscess

abdomen, limbs, scrotum, thorax

Hæmaturia

obstruction of blood-vessels

1560. Filaria Nocturna

Found at night only.

Elephantiasis

obstruction of lymphatic vessels

1561. Filaria Medinensis

Furunculosis

** *Filaria Gigas* is said to be a myth.**1562. Hæmamœba Malariae**

invades the blood-cell.

Carried by *Anopheles claviger*.

Ague

A double tertian infection means a daily or quotidian

fever. With a double quartan infection there will be one free day a week.

Herpes Zoster

plasmodium in 40 per cent. of cases in U.S.A.

Malaria, Malignant

or hæmominas præcox.

1563. Myxococcidium Stegomyiæcarried by *Stegomyia fasciata*

Yellow Fever

1564. Spirillum CholeraeComma shaped, size 1.5 to $2 \mu \times 0.5 \mu$. When paired they appear S shaped.

Cholera, Asiatic

1565. Spirillum Obermeyerii

Relapsing Fever

1566. Spirillum Duttoni

African Tick Fever

1567. Spirochæta Pertenuis

Yaws

- 1568. Spirochæta Pallida or Treponema Pallidum**
(Schaudinn)
Obtained with ease by puncturing syphilitic glands. It differs from other spirochætes in retaining its spiral form even when at rest. Extremities pointed; 4 to 20 curves.
General Paralysis
found in brain after apoplectic seizures
Locomotor Ataxy
*Syphilis
Congenital, primary and secondary, less evident in tertiary.
- 1569. Spirochæta Buccalis**
Stomatitis, Severe
- 1570. Spirochæta Denticola**
Vincent's Angina
- 1571. Spirochæta Refringens**
A larger spiral with fewer curves than *S. pallida*
Simple Ulcers
Smegma Preputii
- 1572. Leishmannia Donovanii**
Kala Azar
- 1573. Leishmannia Infantum**
Kala Azar
(Mediterranean form)
- 1574. Streptothrix Gibsonii**
Splenic Anæmia (?)
- 1575. Streptothrix Maduræ**
Madura Foot, etc.
- 1576. Leptothrix Buccalis**
Caries of Teeth
- 1577. Actinomyces**
Actinomycosis
- 1578. Sporotrichon Beurmanni**
Sporotrichosis
- 1579. Blastomyces**
Dermatitis, Blastomycetic
- 1580. Protozoon, Pear-shaped**
Paroxysmal Hæmoglobinuria (?)
- 1581. Trypanosoma Gambiense**
Sleeping Sickness
Carried by *Glossina palpalis* and other species.
- 1582. Trypanosoma Brucei**
Nagana (animals only ?)
Carried by *Glossina morsitans*
- 1583. Oidium Albicans vel Lactis**
Pharyngomycosis
'Phthisis' of Ceylon
Thrush
- 1584. Guarnieri Bodies**
Varicella
Variola
- 1585. Negri's Corpuscles**
Found in brain, etc.
Rabies
(See also *Skin*, 356; *Stools*, 1108; *Sputa*, 1185; *Urine*, 1060)

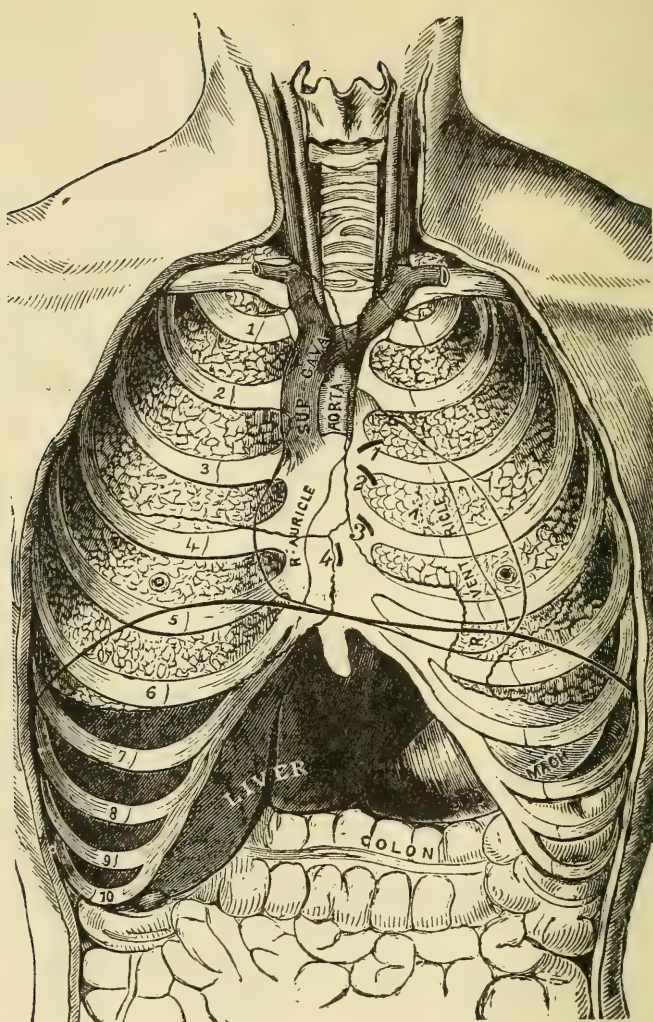


FIG. 12.—SOME OF THE PRINCIPAL VISCERA IN SITU
(From Gray's 'Anatomy')

PART III

PALPATION

CONTRACTIONS : U, usually ; x, exceptionally ; *, the most likely diseases ; I, First stage ; II, Second stage ; III, Third stage.

1586. PALPATION OF THE CHEST

NOTE.—The symptoms which are elicited by Palpation, Percussion, and Auscultation are commonly classed as physical signs ; but no useful object is served by this. The expression is at least equally applicable to symptoms elicited by the thermometer, the sphygmomanometer, the battery, and even the weighing machine.

1587. Tactile Fremitus

The usual method is to place the flat of the hand on the chest while the patient says 99. Low pitched sounds are conducted the best.

1588. *Increased*

That on the right side is normally more marked.

Abscess of Lung

Actinomycosis

Bronchiectasis

Broncho-pneumonia (x)

when the patches have become confluent

Cavity, Thin-walled (x)

Cirrhosis of Lung

Collapse of Lung

Congestion of Lungs

Phthisis, I.

*Pneumonia, Acute

unless the bronchioles are plugged

Pulmonary Apoplexy

Syphilitic Lung

Tumour, Mediastinal

1589. *Diminished*

Emphysema

Empyema

Hydatids

Edema of Lung

Pleura, Cancer of

„ Thickened

TACTILE FREMITUS (DIMINISHED)—*continued****Pleural Effusion**

unless thick bands connect
the two layers of the
pleura

Pneumothorax

Also occlusion of main
bronchus by aneurysm
or intrathoracic tumour.
Sometimes, too, when
pneumonic or phthisical
consolidation is extremely
dense.

1590. Rhonchal Fremitus

Asthma

Bronchiectasis

***Bronchitis**

Bronchus incompletely

Plugged

Cavity, Full

1591. Friction Fremitus

(Rare)

***Acute Pleurisy**

ceases when breath is held

Pericarditis

1592. THRILL

A thrill should be felt for where the corresponding murmur is best heard. A soft thrill is termed 'frémissement cataire,' from its resemblance to the purring of a cat.

1593. Systolic Thrill

Anæmia, Profound

second left space

Aneurysm of Aorta

Aortic Stenosis

at second right space

Atheroma

Exophthalmic Goitre

second left space

Mitral Regurgitation

at apex

Pulmonary Stenosis

second left space

Tricuspid Regurgitation

at lower part of sternum

1594. Diastolic Thrill

Aortic Regurgitation

second right space

Patent Duct

second left space

Tricuspid Stenosis (x)

1595. Præsystolic Thrill

*Mitral Stenosis

rough

It disappears when auricular
fibrillation supervenes.

1596. Epigastric Thrill

(Rare)

Dilatation of Stomach

1597. HEART'S IMPULSE

The heart's impulse corresponds in time with the first part of ventricular contraction—the *compression period*, and ceases to be felt when the expulsion of the blood begins. The whole systole occupies $\frac{3}{10}$ of a second, the compression period alone $\frac{1}{10}$ second. The diastole occupies $\frac{5}{10}$ of a second.

The apex should be felt, normally, two inches below and one inch to the inner side of the nipple (Chart I. M. 5x). In children it is in the fourth space (M. 4x), and changes greatly with decubitus, at seven years of age the difference between right and left lateral decubitus being nearly one inch laterally. At fifteen years of age it is in the adult position, while in old age it lies in the sixth space.

To localise the impulse, the flat of the hand should first be applied to the chest; afterwards, the exact spot may be found with the forefinger, the patient leaning forward.

Allowance must be made in cases of chest deformity or spinal curvature.

1598. Displaced Upwards

Abdominal Tumours
 Abscess, Subphrenic
 Ascites
 Atrophy of Heart
 Contraction of a Vomica
 in left apex
 Distended Stomach
 Enlarged Left Lobe of Liver
 Enlarged Spleen
 Fæcal Accumulation (x)
 Hernia, Diaphragmatic
 Hydatids of Liver
 left lobe
 Idiopathic Dilatation of
 Colon
 Pericardial Effusion
 unless the heart is much
 hypertrophied
 Pleural Effusion, Extensive
 Right
 Pregnancy
 Tympanites

1599. Displaced Downwards

Aneurysm of Heart
 *Aortic Regurgitation
 ,, Stenosis (x)
 Cardiopneumonia
 Chlorosis
 *Cirrhosis of Kidney
 Emphysema
 Hepatopneumonia
 *Hypertrophy of Heart (1829)
 Nephritis, Chronic
 Old Age
 Pericardium, Adherent
 Pneumothorax, Left
 Tumour at Base of Heart

1600. Displaced to Right

Atrophy of Heart
 Cirrhosis of Right Lung
 Collapse of Right Lung
 Contraction of Right Lung
 'Cor Mobile'
 Diaphragmatic Hernia
 Emphysema
 Mediastinal Tumour
 if of left side, by pressure;
 if of right side, by occlu-
 sion of that bronchus
 Phthisis (x)
 contraction of vomica in
 right lung
 Pleural Effusion, Left
 Pneumonic Consolidation,
 Left
 but only when very extensive
 Pneumothorax, Left
 Transposition of Viscera

1601. Displaced to Left

Abdominal Tumours
 Aneurysm of Aorta
 ,, of Heart
 Aortic Regurgitation
 ,, Stenosis
 slightly
 Ascites
 Chlorosis
 *Cirrhosis of Kidney
 ,, of Left Lung
 Collapse of Left Lung
 Contraction of Left Lung
 Exophthalmic Goitre, Old
 *Hypertrophy of Left Ven-
 tricle (1829)
 Liver, Enlarged
 Lordosis (813)
 *Mitral Regurgitation

DISPLACED TO LEFT — *continued*

Pericardium, Adherent

Phthisis (x)

contraction of vomica in
left lung

Pleural Effusion, Right

Pleurisy, Old Left

contraction of lung

Pneumothorax, Right

Tumour of Left Side of
Mediastinum

if left bronchus is occluded

Tumour of Right Lung

,, of Right Side of
Mediastinum

Tympanites

1602. Cor Mobile

The apex shifts with gravitation. The condition is normal in children, but only to a slight extent in adults.

Hydropericardium

Pneumopericardium

Pneumothorax, Left

Tumour at Base of Heart

1603. Diffused Impulse

Adherent Pericardium

Aneurysm of Desc. Aorta

Aortic Regurgitation

Beer Drinker's Heart

*Dilatation of Heart

*Fatty Degeneration of Heart

Hypertrophy, Excentric
Left

Hypertrophy, Right

Mitral Stenosis, III.

Pericardial Effusion

undulating

Shrinking of Præcordial
LungTumour in Posterior Medi-
astinum**1604. Force Increased**

A strong impulse does not necessarily mean strong ventricular contraction.

Acute Endocarditis

Albuminuria, Postural

Aneurysm of Desc. Aorta
'double jog'

Aortic Stenosis

Apoplexy

Atrophy of Lungs

Cirrhosis of Kidney

*Left Hypertrophy (1829)

'heaving impulse'

Mediastinal Tumour

Mitral Regurgitation

Myocarditis, Acute

Palpitation

'knocking,' not 'heaving'

Pyrexia (295)

1605. Double Impulse

Alternate Ventricular

Systoles

Hemisystole

1606. Weak Impulse

The weak impulse of dilated ventricle is due to incomplete emptying.

Aneurysm of Heart

Atrophy of Heart

Cardiac Depressants

WEAK IMPULSE—*continued*

Contraction of Right Lung

Dilatation of Heart

Emphysema

Fatty Degeneration of Heart

Myocarditis, Acute, III.

Obesity

Pericardial Adhesions

„ Effusion

Præcordial Overlapping of

Lungs, Increased

Prostation (234)

Thick Parietes

* * The impulse is sometimes
impalpable in health.

1607. Sander's Sign

An undulatory præcordial
impulse.

Adhesive Pericarditis

Abnormal Pulsation (see 289)

PALPATION OF THE ABDOMEN

1608. The most difficult region to explore is the abdomen, especially in fat subjects. To detect the fluctuation of ascites, or of a large cyst, the nurse should be directed to place the edge of her hand in the mesial line; the left hand of the investigator is then placed flat on one flank, while the finger of the other hand is flicked against the opposite flank. A wave will be felt if much fluid be present ('transmitted thrill'). If the quantity is very small, it may be detected by the thrill at the inguinal rings.

Palpation in general is effected by placing the flat of the hand upon the abdomen and combining firm and even pressure with a movement of circumduction. The physician's hand must be warm, and the patient must breathe naturally; and to keep the abdominal muscles relaxed, he should lie on his back with his shoulders high, his knees drawn up, and his mouth open, or as an alternative adopt the knee-elbow position.

1609. Retractive Palpation.—I suggest this name for a method of palpation which I have found very useful in detecting adhesions. The two fore-fingers, in dorsal contact, are pressed deeply into the abdomen and then separated, the pressure being kept up all the time. If the separation, but not the pressure, elicits pain, adhesions are present.

1610. Spleen.—Stand on the patient's right; lay the flat of the right hand upon the left hypochondrium with the fingers tucked under the costal margin and those of the left hand behind, on the level of floating ribs. Then endeavour to push the organ forward during inspiration. Exert increasing pressure of the right hand with each expiration, and try to feel the notch with each inspiration. Try again with the patient leaning over to the right.

1611. Liver.—The liver is palpated with the right hand, an endeavour being made to insinuate the radial border of the hand under the costal cartilages, the patient being asked to take a deep breath. The character of the edge and surface must be noted. The gall bladder must be felt for at the outer edge of the right rectus near the ninth costal cartilage.

1612. Dipping.—This consists in a sudden deep pressure with the fingers, so as to take the abdominal muscles by surprise, and is specially useful when a tumour or enlargement is disguised by the presence of fluid.

1613. Movable Kidney.—The patient should sit up, lean forward with the back arched, take a deep inspiration and then hold the breath; the physician meanwhile pushes the organ forward with one hand and palpates with the other.

1614. Tumour.—If a tumour should be discovered, the additional points to elucidate are its size, shape, and movability, and the presence or absence of fluctuation and pulsation. Also whether it can be traced into the pelvis or into the loins; whether, like a fæcal accumulation, it can be made to pit upon pressure; and whether, like tumours connected with the liver and spleen, it rises and falls with respiration. The examination is facilitated by the previous administration of an enema, and still more by an anæsthetic. Examination while the patient is immersed in a hot bath has also been recommended. It is not, however, very convenient, and I have substituted successfully the previous application of an indiarubber hot-water bottle to the abdomen. In either case rigidity must be looked for first. (See also *Gaseous Test*, 1706.)

1615. ABDOMINAL TUMOUR AND SWELLINGS

When large, pelvic tumours become abdominal, and abdominal tumours central.

1616. Central

Abscess, Subphrenic

Aneurysm

Cancer	{	Intestine
or		Omentum
Colloid		Pancreas
of		Stomach

Carcinoma Ventriculi Diffusum

'india-rubber bottle stomach'

Cirrhosis of Stomach

Enchondroma

Fatty Tumour of Omentum

Gestation, Extra-uterine

Henoch's Purpura

an effusion into intestinal wall simulating intussusception.

Hypertrophy of Pylorus

Intussusception

sausage shape

Lumbar Abscess (x)

„ Glands, Enlarged

Mesenteric Cysts

„ Fibromyoma

„ Glands, Enlarged

Omental Gland, Enlarged

„ Tumour

Ovarian Cyst, Large

CENTRAL TUMOURS—*continued*

Pancreatic Cyst

Pancreatitis

sometimes secondary to
mumps

Peritonæal Lesser Sac

effusion into

Peritonæum, Thickened

Peritonitis, Encysted

Phantom Tumour

Post-peritonæal Abscess

" " Lipoma

Post-peritonæal Sarcoma,
(Lobstein's Cancer)

Stomach, Sarcoma of (x)

Tabes mesenterica

Urachal Cyst

Uterus, Gravid

* * Contraction of the rectus
muscle may be mistaken
for a tumour; as also
may a distended bladder.

The gravid uterus emerges
from the pelvis in the
fourth month and reaches
the umbilicus at the sixth
month.

1617. Lateral

Actinomycosis

Appendicitis

Cancer of Cæcum, Sigmoid,
or ColonCystic Kidney, Large
nodularDiverticulum, Inflamed
Meckel's

(present in 2 per cent. of
bodies; swelling in left
iliac region)

Dysentery

doughy colon

Encephaloid Kidney

Fæcal Accumulation

pitting on pressure

Gall-bladder, Distended

Glands, Enlarged

Hæmatocele, Pelvic

Hæmatoma, Abdominal

Hæmatosalpinx

Hydatids of Liver or Kidney

Hydronephrosis

variable

Hydrosalpinx

Hypernephroma

Intussusception

Kidney, Hypertrophied

,, Tuberculous

s. palpable

Movable Kidney

12 right to 1 left

Omental Tumours (x)

Ovarian Cyst, etc.

Parasite of Kidney

Pelvic Abscess

Perinephric Abscess

Psoas Abscess

Pyelonephritis

Pyonephrosis

variable

Pyosalpinx

Riedel's Lobe

Sarcoma of Kidney

Sigmoiditis

Spasm of Colon

'stiffened area'

Spasm of Pylorus

Spleen, Dislocated

,, Enlarged

Suprarenal Tumour

Tuberculosis of Cæcum

LATERAL TUMOURS—continued**Ureter, Distended**

Doubtful cases should be examined after an enema under an anæsthetic. Gurgling may be felt over tumours connected with the kidney or pancreas; when in doubt, gaseous distension should be employed. (See 1706)

1618. Fluctuating

(or transmitted thrill)

Abscess in Abdominal Pari-
etes

Ascites

Distended Bladder

slightly so

*Ectopic Gestation

Effusion into Lesser Peri-
tonæal Cavity

Gall-bladder, Distended

Hydatids

Hydronephrosis

Hydrosalpinx

Lumbar Abscess (x)

Ovarian Cyst (x)

Peritonitis, Encysted

Pregnancy

Pyonephrosis

Pyosalpinx

**1619. Impulse in Groin on
Coughing**

Hernia

Psoas Abscess

Varix, Saphenous

Also some cysts.

1620. Bognini's Symptom

A feeling of crepitation when gradually increasing pressure is made upon the abdomen.

Measles

from prodromal, to end of
eruptive, stage

1621. Traced into Pelvis

Abscess, Ovarian

Cyst of Broad Ligament

Distended Bladder

sometimes enormous in
women

Extra-uterine Fœtation

Fibrocystic Tumour of
Uterus

Fibroid Tumour of Uterus

Hæmatosalpinx

Hydrometra

Hydrosalpinx

Hypertrophied Bladder

Menses, Retained

Myoma

Ovarian Cyst or Tumour

Pericystic Abscess

Peritonæal Hydatids

Polypus

Pregnancy, Early

Pyosalpinx

Subinvolution

Tubal Cancer or Tubercle

Uterine Congestion

1622. Movable on Palpation

Aneurysm, Cœliac

Cæcum Mobile

Concretions

Cyst of Tail of Pancreas

Fæcal Accumulation

MOVABLE ON PALPATION —

continued

Floating Kidney

‘cinder-sifting mobility’

Floating Liver

,, Spleen

Gall-bladder, Distended

movable laterally

Intestinal Growths

Ovarian Cyst

with long pedicle

Pyloric Growth

Riedel's Lobe

Tumour of Sigmoid Flexure

,, of Small Intestine

,, of Transverse

Colon

1623. Fixed on Palpation

Abscess, Appendicular

,, Spinal

Aneurysm

Glands, Retroperitonæal

Hydronephrosis

Pancreas, Tumour of

Pyonephrosis

Suprarenal Sarcoma

*** Other tumours when
adherent to parietes or
to fixed organs.

1624. Movable with Respiration

Cancer of Stomach

infiltrating greater curvature

Cancer of Transverse Colon

Gall-bladder, Enlarged

(1633)

Hypernephroma

Liver, Enlarged

,, Growths on

Liver, Hyatids of

Omental Peritonitis

Ovarian Tumour (x)

Renal Tumour, Large

slightly

Spleen, Enlarged

Splenic Growths

Supra-renal Tumour, Large

slightly

Also tumours or cysts that
are adherent to the spleen
or liver.

1625. Wandering Tumours

Cancer of Pylorus (x)

Concretions in Intestine

Fatty Tumour of Intestine

appendix epiploica

Floating Kidney

Floating Lobe of Liver

towards right ileum

Floating Spleen

Gall-bladder, Distended

if provided with a mesentery

Impacted Fæces

Ovarian Cyst

with long pedicle

Phantom Tumour

Pyloric Tumours (x)

Tumour, etc., of Transverse

Colon

esp. when its mesentery is
long

Uterine Fibroid

pedunculated

1626 Tumours of Abdominal Walls

Abscess

Cancer

secondary growths

Cysts

TUMOURS OF ABDOMINAL

WALLS—*continued*

Fibroma

Hæmatoma

Herniæ, Minute

in linea alba, etc.

Hernia, Umbilical

Hernia, Ventral

Lipoma

Lymphadenoma

secondary deposits

Lymphosarcoma

secondary deposits

Nævus

1627. LIVER

In infants it is $\frac{1}{20}$ of the body weight ; in adults $\frac{1}{36}$.

1628. Smooth Enlargement

Abscess of Liver, Solitary

Acromegaly

Actinomycosis

Amyloid Liver

hard and very large

Angioma, Cavernous (x)

Banti's Disease

Bile Duct, Obstructed

Cancer, Infiltrated

Cirrhosis, Hypertrophic, I.

Cyanotic Liver

u from mitral disease

Fatty Liver

doughy

Glandular Fever

Hæmochromatosis

Hepatitis, Acute

Hydatid Cyst

sometimes huge

Hypertrophy

Lymphadenoma

Leukæmia

Malaria, I.

Mediastinitis

Obstructed Bile-ducts

Pneumonia

Relapsing Fever

Remittent Fever

Rickets

Syphilis, Congenital

Trypanosomiasis

Weil's Disease

Yellow Atrophy, Ac. (x)

* * An enlarged fatty liver is found in poisoning by phosphorus, phloridzin, hydrazin, and chloroform.

1629. Hard and Nodular

Banti's Disease, III.

Cancer of Liver

shape altered ; enlargement great ; nodules sometimes umbilicated

Cirrhosis of Liver, III.

nodules small—not umbilicated

Cyst

Syphilitic Disease of Liver

nodules large and irregular

1630. Circumscribed Swelling on Liver

Abscess

Cancer

Cholecystitis

Gumma

Hydatids

irregular prominences

Riedel's Lobe

1631. Liver Depressed

Angular Curvature

Asthma

Cyphosis (812)

Diaphragm, Paralysis of
with expirationDiaphragm, Tonic Spasm of
EmphysemaHæmoglobinuria, Paroxys-
mal

Hepatoptosis

Hydatids on Convexity

Liver Enlarged
gravitation

Lung, Cirrhosis of Left

Meso-hepar (x)

Pericardial Effusion (x)
left lobe

Pleural Effusion, Right

Pneumothorax, Right (x)

Rickets

Subphrenic Abscess (x)

Tight-lacing

Tumour

Liver Diminished(see *Percussion*, 1696)**1632. Liver Rotated**

anterior edge depressed

Right Renal Tumour

Tympantites

1633. Gall-bladder Enlarged

It is sometimes enormous.

Carcinoma

Cholecystitis

Dropsy of Gall-bladder

Empyema of Gall-bladder

Enteric Fever

Gallstones

Mucocoele, Simple

Pancreas, Cancer of Head of

Pancreatitis, Chronic

Obstructed Common or
Cystic Duct**1634. Murphy's Sign**Pressure upon a tender
gall-bladder at the end
of expiration causes a
catch in the breath.

Gallstones

1635. Spleen EnlargedWhen the enlargement is
extreme, the organ may
dip into the pelvis. It
is not great in acute
diseases.

Acromegaly

Acute Ascending Paralysis

,, Yellow Atrophy

Ague, Acute and Chronic

Amyloid Disease

*Banti's Disease

Bruhl's Disease

Cancer of Stomach (x)

Cholæmia, Congenital

Cirrhosis of Liver

Diphtheria

Enteric Fever

Erysipelas

Glandular Fever

Hepatic Colic

Hydatids

Infaret, Splenic

Kala Azar

Leukæmia, Lymphatic

*Leukæmia, Spleno-medul-
lary

sometimes nodular

Liver, Tropical Congestion of

SPLEEN ENLARGED—*continued*

Lymphadenoma
 Malta Fever
 Mediastinitis
 Pancreatitis, Chronic
 Paratyphoid Fever
 50 per cent.
 Pedicle, Torsion of
 Pernicious Anæmia
 Pneumonia (x)
 Polycythæmia, Splenome-
 galic
 Polymyositis
 Potos
 Portal Obstruction
 „ Thrombosis
 Pseudo-leukæmia Infantum
 Psittacosis
 Psorospermiasis
 Puerperal Septicæmia
 Pyæmia
 Relapsing Fever
 Remittent Fever
 Rickets (x)
 Scarlatina (x)
 Septic Endocarditis
 Septicæmia
 Status Lymphaticus
 Still's Disease
 Syphilis, Hereditary
 25 per cent.
 Syphilis, Secondary
 during exanthem
 Syphilitic Liver
 Thrombosis of Splenic Vein
 Trypanosomiasis
 Tuberculosis, Acute
 Tuberculous Peritonitis
 Typhus (prodr.)
 Variola
 Weil's Disease

1636. Spleen Displaced (x)

Ascites
 Emphysema
 Enteroptosis
 Intrathoracic Tumour
 Meso-spleen
 Meteorism
 Pleural Effusion, Left
 Pneumothorax, Left
 And in marked splenomegaly

1637. Lumps and Transverse Bands

Tuberculous Peritonitis

* * The lumps are more super-
 ficial than glands would
 be and the general re-
 sistance is doughy.

1638. Xiphoid Fremitus

A feeling like crepitation
 communicated to the
 hand when placed over
 the xiphoid cartilage.

Peritonitis

1639. Enlarged Mesenteric or Lumbar Glands

The mesenteric glands
 receive the lymphatics of
 the small intestine; the
 lumbar glands, those of
 the pelvis and testes,
 and some of those of the
 viscera and lower ex-
 tremities.

Amyloid Disease
 Cancer of Intestine
 „ of Kidney
 „ of Testis

Dysentery
 Enteric Fever
 Glandular Fever
 Peritonitis
 Tabes mesenterica
 Tubercle

RECTAL EXAMINATION

1640. RECTAL EXAMINATION

The index finger, inserted well oiled, should follow with a screwlike movement the axis of the rectum, viz. first forward, then along the curve of the sacrum, and lastly to the patient's left. The knee-elbow position has many advantages both for digital and specular examination. Examination may reveal :—

Abscess, Submucous
smooth and very tender

Ballooning

Calculus, Ureteral

„ Vesical

Carcinoma

Dysentery

Fistula

Foreign Body

Hæmorrhoids

Glands, Enlarged Sacral

Intussusception (x)

Invagination

Malformations

Ovarian Cyst

Pelvic Growths, etc.

Polypi

Prostatic disease

Pyosalpinx

Sigmoid Prolapse

Stricture, Fibrous

Ulceration

Ureters, Tuberculous

Uterus, Prolapsed

„ Retroverted

Vesiculitis

* * In nervous diseases the tonicity of the sphincter may be gauged by its grip of the finger.

1641. Balloning of Rectum

It occurs physiologically when the trunk is inverted.

Colon, Obstruction of

But it is not uncommonly found where there is no obstruction. In some of these cases it may be due to intestinal paresis.

1642. Reder s Sign

A tender spot on the right side, above O'Beirne's Valve.

Appendicitis

1643. UTERINE EXAMINATION

Bi-manual examination gives the best results. The patient should lie on her back with the knees a little drawn up. While the left forefinger explores the parts from within, firm and steady pressure is made on the abdomen with the flat of the right hand, the pressure increasing slightly with each inspiration. The uterus, ovaries, fallopian tubes, and broad ligaments should all be examined. Recto-vaginal exploration may be necessary in some cases.

1644. Cervix Changes

Anteflexion

high; os looks downwards and forwards

Anteversion

this is now recognised to be the normal position of the organ

Atrophy of Uterus

small

Cancer

hard; os enlarged and irregular, with everted lips

Cancer of Body

os sometimes dilated

Cervical Catarrh

puffy, large, and velvety in nulliparæ; nodular in multiparæ

Endometritis, Acute

hot, swollen, and puffy; os dilated and velvety

Endometritis, Chronic

normal or catarrhal

Hysteria

insensitive

Metritis, Acute

swollen and hot

Metritis, Chronic

hard

Ovarian Cyst

displaced upwards and to opposite side

Pregnancy

soft at first, obliterated later

Retro-flexion and -version

low, with os looking forwards

Subinvolution

soft

1645. Fullness of Douglas's Pouch

Ascites

Collapsed Intestine

Extra-Uterine Gestation

rupture

Hæmatocele, Pelvic

Hydatids

Ovarian Cyst, Small

Post-vaginal Enterocoele

Retroflexion

Retroversion

1646. Central Swellings

Anteflexion

hard mass in anterior fornix

Fibroid, External

Peritonitis

thickening of fornices

CENTRAL SWELLINGS—*continued*

Sarcoma

friable; springs from body of uterus

1647. Lateral Tumours

Abscess, Pelvic

Cancer of Ovary

u secondary

Cellulitis, Pelvic

Ectopic Gestation

Fibrocystic Ovary

Fibroma of Ovary

Hæmatoma, Pelvic

Hæmatosalpinx

Hydrosalpinx

Oöphoritis

Ovarian Cyst

Parovarian Cyst

Pyosalpinx

Sarcoma

Hypertrophy

Metritis, Chronic

Polypus

Pregnancy

Subinvolution

1650. Sound Measurement Diminished

Normally $2\frac{1}{2}$ ". The sound must not be inserted until pregnancy has been excluded. It is now rarely used.

Adhesions

Arrested Development

Inversion, Partial

Senile Atrophy

Superinvolution

Tumour of Fundus

apparent

Uterus, Hypoplasia of

1651. Pozzi's Syndrome

Leucorrhœa and backache without uterine enlargement.

Endometritis

1652. Ballottement

When a push is given to the uterus by the finger in the vagina the organ will rise and fall again.

Pregnancy

fourth to eighth month

1653. Ahlfeld's Sign

Irregular tetanic contractions affecting localised areas in the uterus.

Pregnancy

after third month

1646-1653

1648. Uterus Fixed, or Painful on Movement

Adhesions

Cancer of Body of Uterus

Endometritis, Acute

Metritis, Acute

Ovarian Tumours

uterus high

Peritonitis, Pelvic

Salpingitis

1649. Uterus Enlarged

Cancer of Body

Elongated Cervix

Endometritis

esp. septic

Fibroid

internal or interstitial

1654. Hegar's Sign

A boggy zone on lower
third of body of uterus.

Pregnancy

first three months, whether
uterine or ectopic

1655. Reusner's Sign

Increased arterial pulsation
in Douglas's Pouch.

Pregnancy

from fourth week

1656. Age of Fœtus.—The fœtus at the end of the second month should measure $1\frac{1}{4}$ inch ; third month, $2\frac{3}{4}$; fourth month, 5 ; fifth month, 8 ; sixth month, 12 ; seventh month, 14 ; eighth month, 16 ; ninth month, 20.

PART IV

PERCUSSION

CONTRACTIONS : U, usually ; x, exceptionally ; *, the most probable diseases ; I, First stage ; II, Second stage ; III, Final stage.

1657.—Percussion.—Deep percussion is best effected by using two fingers for a plessor ; superficial, by using the middle finger only. The finger struck should be pressed so firmly to the patient's flesh as to be practically incorporated with it ; this has the advantage over a pleximeter that the feeling of resistance can be gauged. The shoulder and elbow joints should be fixed, and the necessary motion be made exclusively at the wrist joint. Two fingers flexed so that their ends are in the same plane serve as the plessor ; they should remain only momentarily in contact with the pleximeter finger. Three or four blows should suffice ; with more than that, the appreciation of sound is apt to lose its acuteness. Increased tension within the chest raises the pitch of the percussion note. In examining the apex for early phthisis the patient should lie on his back with the muscles relaxed. Tested by the spring balance, I find that superficial percussion in my own case is equal to two ounces, and deep or heavy percussion to ten ounces. Students might with advantage practice with a balance, so as to acquire uniformity of stroke.

1658. Heart Dullness.—Superficial cardiac dullness represents the small area normally uncovered by lung. It extends from the left edge of the sternum and from the fourth left rib downwards to the heart's apex. The deep cardiac dullness is bounded by the right edge of the sternum, the third left rib, and a point one inch to the left of the heart's impulse. With very heavy percussion it may extend to a finger's breadth beyond the sternum. The

area of dullness is usually larger in the upright than in the recumbent posture.

1659. Liver Dullness.—This should not extend below the edge of the ribs. Its upper margin should reach the fourth rib in front, the seventh rib at the side, and the ninth or tenth rib behind, on heavy percussion. Percussion of the liver below the ribs is often vitiated by conducted resonance; to the left of the sternum, the liver dullness is continuous with that of the heart.

1660. Splenic Dullness.—A dullish note in the mid-axillary line opposite the ninth, tenth, and eleventh ribs; but palpation is the best for this organ.

1661. Cracked-pot Sound.—To bring this out, the patient should open his mouth and turn his head away, when the part is percussed.

1662. Coin Sound.—The physician listens at the back while the nurse, placing one coin flat on the chest percusses it with the edge of another coin. A sound like that of a hammer on an anvil will be heard.

1663. CHEST AND BACK

For normal chest resonance see Fig. 13. The back is resonant everywhere, though less so over the scapulæ.

1664. ABNORMAL DULLNESS

- | | |
|--|--|
| <p>Abscess of Lung</p> <p>Abscess, Subphrenic
mammary or mid-axillary line</p> <p>Acromegaly
over manubrium (Erb's Symptom)</p> <p>Actinomycosis, Pulmonary
base or axilla</p> <p>Aneurysm of Aorta
over, or at one side of manubrium</p> <p>Aneurysm of Descending Aorta
left interscapular and supra-spinous regions</p> <p>Aorta, Dilated
manubrium</p> <p>Aortitis
manubrium, right second space and third cartilage</p> <p>Auricle, Enlarged Left
left interscapular region</p> <p>Bronchial Glands, Enlarged
right interscapular region opposite 6, 7, and 8th spines</p> <p>Bronchiectasis
where surrounded by condensed lung-tissue</p> <p>Cancer of Lung, Extensive
„ of Pleura</p> <p>Cirrhosis of Lung
all one side; wooden; high-pitched</p> | <p>Collapse of Lungs
a strip each side of spine</p> <p>Congestion of Lungs, Hypostatic
bases of lungs</p> <p>Empyema</p> <p>Encysted Empyema</p> <p>Enteric Fever
dullness of the right base is said to occur in 80 per cent. of cases (Lesieur)</p> <p>Enteroptosis
loss of tympanitic note in Traube's space</p> <p>Fæcal Accumulation
Traube's space</p> <p>Gangrene of Lung
before softening</p> <p>Hæmothorax</p> <p>Hydatids of Liver
convexity upwards</p> <p>Hydatids of Lung, Superficial
in lower axilla</p> <p>Hydropneumothorax
shifting with position</p> <p>Hydrothorax
fluid gravitates with change of position</p> <p>Lobular Pneumonia (x)
only when several areas have coalesced</p> |
|--|--|

ABNORMAL DULLNESS — *continued*

Mediastinal Abscess or Growth

5th and 6th dorsal spines

Oedema of Lungs

both bases; but unequally

Pericardial Effusion

triangular with apex above, also in left interscapular region

Phthisis, 1.

suprascapular, supra-clavicular, infraclavicular

In early phthisis there is a patch of dullness adjoining the sternum in the first space; another in the second space: a third, on the outer margin of the infraclavicular region; a fourth between spine and suprascapular region (Dr. Lees).

Pleura, Thickened
wooden

Pleurisy with Effusion

The fluid, which is unaffected by gravitation, begins from below; the upper limit of dullness being 'S' curved (Damoiseau's, Ellis's, or Garland's 'Line').

Pneumonia, Acute

u right base

Pneumonia Serpens

healing in one direction, while advancing in another

Pneumonoconiosis

esp. right apex

Pneumothorax

when distension is extreme

Pulmonary Apoplexy

circumscribed incomplete dullness; usually in mammary or axillary region

Renal Swellings

over lower ribs and upper part of loins

Syphilitic Disease of Lungs

in patches, or with signs of collapsed lungs

Thymus, Enlarged

manubrium

Tuberculosis, Acute (x)

Veronal-poisoning

patches

(See *Enlarged Liver*, 1698; *Spleen*, 1635; and *Heart*, 1691)

1665. Apical Dullness

In addition to pulmonary tuberculosis, this condition is found in mouth-breathers ('collapse induration'), emphysema (relative), cardiac cases, syphilis, empyema, gangrene pneumococcal infections, infarcts, hydatids, catarrh following influenza and in healed cavities.

The right apex sometimes gives a duller note from the greater muscularity of that side.

1666. Traube's Space, Dullness of

The note normally is tympanitic

*Enteroptosis

Fæcal Accumulation

Pleural Effusion, Left

Spleen, Enlarged (1635)

Viscera, Transposition of

1667. Bird's Sign

A zone of dullness with absence of respiratory sounds.

Hydatid Cyst of Lung**1668. Rotch's Sign**

Dullness at the sternal border of the fifth right space.

Auricle, Enlarged Right
Dilatation of Heart, Acute
Pericardial Effusion

1669. Grocco's Triangle

A narrow-based triangular area of dullness abutting upon the vertebral column and having its apex above. It disappears when the patient lies on the opposite side.

Large Abdominal Swellings

*Pleural Effusion
of opposite side

Pregnancy

1670. Cracked-pot Sound

(Bruit de pot fêlé)

Usually due to a superficial empty cavity that communicates freely with a bronchial tube. It is normal in a crying infant.

Bronchiectasis

Gangrene of Lung

*Phthisis, II.

Pneumonia, Acute (x)

due to an islet of relaxed lung tissue surrounded by hepatisation

Pneumothorax (x)

Pyopneumothorax

with wide fistula

Relaxed Lung

1671. Sense of Resistance

Diminished lung elasticity.

Cancer of Pleura

Cirrhosis of Lung

Distension of Lung, Extreme

Emphysema

Pleura, Thickened

Pleural Effusion

Pneumonia, Acute
moderate

Pneumothorax, Extreme

1672. Myoidema

Percussion produces a small prominence where struck.

Carcinoma

Phthisis

pectoral muscle

*Pneumonia, Acute
affected side

Wasting Diseases

1673. Hyper-resonance or Abnormal Resonance

Actinomycosis

cavity

Asthma, Spasmodic

Atrophy or Shrinking of
Liver

Bronchiectasis

consolidation between the
dilatation and the surface

Cavity, Large Relaxed

Cirrhosis of Opposite Lung
extending a little beyond
opposite border of
sternum

HYPER-RESONANCE OR AB-NORMAL RESONANCE—*contd.*

Dilatation of Stomach

left axilla

Emphysema

Gangrene of Lung

after softening

Kidney, Congenital Absence of One

one lumbar region

Kidney, Floating

one lumbar region

Margin of Lung bordering on Consolidation

Œdema of Lungs

Huchard's Paradoxical Resonance

Perforation of Bowel or Stomach

Pneumothorax

all one side

Relaxed Lung above Pleural Effusion

infraclavicular

Transposition of Viscera præcordium

Tuberculosis, Acute Miliary patchy

1674. Tympanitic Resonance in Chest

Colon, Distended Transverse

Idiopathic Dilatation of Colon

both hypochondria

Stomach, Dilatation of

left axilla

In Traube's semilunar space, which corresponds on the

left to the position occupied by the liver on the right, the note is normally tympanitic.

1675. Skodaic Resonance

High-pitched resonance above large area of dullness due to :—

Abscess Hepatic

„ Subphrenic

Cor Bovinum

Liver, Cancer of

„ Gumma of

„ Hydatids of

Lung, Compressed

from abdominal pressure

Mediastinal Growth

Pericardial Effusion

*Pleural Effusion

Pneumonia, Basal

Pulmonary Infarct

Sarcoma of Lung

Splenomegaly

1676. Amphoric Resonance

It sounds like tapping an empty earthenware jar.

Cavity, Large Superficial and Empty

Cirrhosis of Lung

Hernia of Stomach

through diaphragm

Phthisis

Pneumothorax

Subphrenic Abscess

1677. Coin Sound (Bruit d'air-ain or Signe du Sou)

Diaphragmatic Hernia

Distended Colon (x)

Hydropneumothorax

COIN SOUND—continued

Pleural Effusion
upper level of fluid

***Pneumothorax**

Pyopneumothorax
Subphrenic Abscess

1678. Thrill on Percussion

Hydatids

wavy

Hydropneumothorax

vibratory

Pyopneumothorax

1679. Lung Apex, High

Emphysema

bulging with inspiration

1680. Lung Apex, Low

Cirrhosis of Lung

Collapse of Lung

Phthisis

an early symptom

1681. Kellock's Sign

Vibration of the ribs when
percussed.

Pleural Effusion

(Absent in pneumonia.)

1682. VARIATIONS IN PERCUSSION NOTE

1683. Wintrich's Sign

Pitch higher on opening
the mouth.

Cavities

Pneumothorax

1684. Interrupted Wintrich

This term is applied when
Wintrich's sign is obtained
in the recumbent, but
not in the erect position,
or *vice versâ*.

Cavity containing Fluid

1685. William's Sign

The same as Wintrich's,
but heard over apex of
lung and due to con-
duction from the trachea.

Consolidation of Lung

1686. Gerhardt's Sign

Note altered by change of
posture.

Cavity, Half-filled

1687. Biermer's Sign

Note deeper when patient
sits up.

Hydropneumothorax

**1688. Friedreich's Percussion
Sign**

Note higher on deep inspira-
tion.

Cavities

CARDIAC DULLNESS

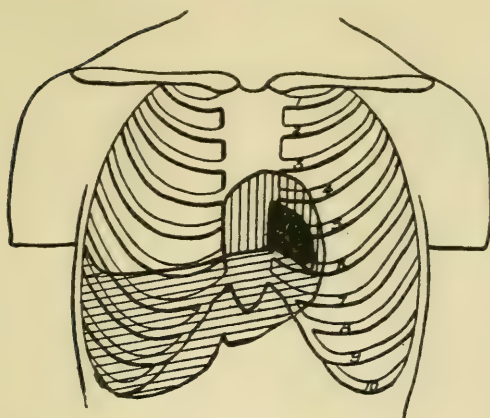


FIG. 13.—DIAGRAM SHOWING SUPERFICIAL CARDIAC DULLNESS (BLACK), DEEP CARDIAC DULLNESS (VERTICAL LINES), AND LIVER DULLNESS (HORIZONTAL LINES)

1689. Dullness Increased Vertically

Abscess, Subphrenic
Aortic Regurgitation
Cancer of Pericardium
„ of Pleura
Cardiac Aneurysm
Consolidation of Lung above Heart
Contraction of Left Lung or of a vomica within it
Encysted Empyema or Pleurisy, near Heart
Endocarditis, Acute
Fatty Degeneration of Heart
*Hypertrophy of Left Ventricle
esp. if excentric
Hypertrophy of Right Ventricle

Myocarditis, Acute
Pericardial Effusion
Syphilitic Heart

1690. Dullness Increased Transversely

Aortic Regurgitation to left
Dilatation of Left Ventricle dullness to left of nipple line
*Dilatation of Right Auricle dullness in 3rd and 4th right spaces
Dilatation of Right Ventricle pyramidal when acute
Endocarditis
Exophthalmic Goitre transient dilatation
Fibroid Heart

**DULLNESS INCREASED TRANS-
VERSELY—*continued***Hypertrophy of Left Ven-
tricle

Lordosis (813)

Mediastinitis

Mitral Regurgitation

,, Stenosis, Late

Pericardial Effusion

pyramidal; base line
reaching sometimes to
right nipple line and
beyond the point of maxi-
mum impulse to the left

Pleural Effusion

if right, to left; if left,
to right

Retraction of Left Lung

**1691. Dullness Increased
Equably**

Endocarditis

High Diaphragm

Myocarditis

Universal Hypertrophy

**1692. Dullness Increased Irre-
gularly**

Aneurysm of Aorta

Mediastinal Tumour

Patent Foramen Ovale

**1693. Cardiac Dullness Dimin-
ished**Atrophy of Heart
slightly

Cancer of Stomach (x)

Cirrhosis or Contraction of
Right Lung

Emphysema

Pneumohydropericardium

Pneumopericardium

Pneumothorax, Left

**1694. Dullness Undiminished
by Inspiration**Adhesion of Pericardium to
Pleura

1695. PERCUSSION OF ABDOMEN

The abdomen is normally resonant everywhere, apart from organ contents. Flicking with finger and thumb is often useful.

1696. Liver Dullness Diminished or Absent

Percussion should be made in the mid-axillary line with the patient sitting up.

Acute Yellow Atrophy

Cirrhosis of Liver, III.

Cirrhosis or Contraction of Left Lung

Diaphragmatic Hernia (x)

rare on right side

Dilatation of Colon, Idiopathic

Distended Colon

Emphysema

Hepatoptosis

apparent only

Pneumoperitonæum

from perforation of bowel or stomach (Clark's Sign).

Pneumothorax, Right

Transposition of Viscera

Tympanites

Cancer of Liver

„ of Omentum

„ of Pancreas

„ of Right Kidney

„ of Stomach

Cirrhosis, Hypertrophic

Cyanotic Liver

Fæcal Accumulation

Fatty Degeneration of Liver

Glandular Fever

Gummata of Liver

Hydatids

vibratory

Hypertrophy, Simple

Leukæmia

Liver, Tropical Congestion of

Lymphadenoma

Mediastinal Tumours

Obstructed Bile-Ducts

Pericardial Effusion, Extensive

Pleural Effusion, Right

Weil's Disease

1697. Liver Dullness Altered

Constricted Right Lobe

tight lacing

Riedel's Lobe

Tumours of Liver

1698. Liver Dullness Increased

Abscess of Liver

Acromegaly

Actinomycosis

Amyloid

1699. Liver Raised

Abdominal Tumours

Abscess, Hepatic

apparent only

Ascites

Cirrhosis, Contraction, or

Collapse of Right Lung

Hydatids of Liver

Ovarian Cyst

Paralysis of Diaphragm

with inspiration

Tympanites

Liver Depressed (See *Palpation*, 1631)

Spleen Enlarged (See *Palpation*, 1635)

1700. Tympanites or Meteorism

Dysentery

Enteric Fever

Hysteria

Ileus

Intestinal Catarrh (x)

Intestinal Obstruction,
Acute

Peritonitis, Acute

Pneumoperitonæum

from perforation — owing
to appendicitis or to
gastric, dysenteric, syphi-
litic, typhoid, or tuber-
culous ulcer. Rarely from
Bacillus aërogenes

Puerperal Septicæmia

Spinal Cord, Chronic Disease
of

Tabes mesenterica

Typhic State (62)

1701. Günzberg's Sign

A resonant area between
the gall bladder and the
pylorus with localised
borborygmi.

Duodenal Ulcer

1702. Partial Abdominal Dull- ness

Abdominal Aneurysm

Abscess, Appendicular

„ Subphrenic

Ascites

lowest part or encysted

Cancer of Kidney

„ of Pancreas

Choleperitonæum

Colloid Omentum

Cysts of Mesentery or Omen-
tum

Distended Bladder

Enlarged Liver (See *Palpa-
tion*, 1627)

Enlarged Spleen (see *Palpa-
tion*, 1635)

Fæcal Accumulation

record weight, 47 lbs.

Gall-bladder, Distended

Hæmatoperitonæum

Hydatids

Intestinal Obstruction, Seat
of

Omentum, Thickened

Peritonitis, Loculated

„ Malignant

Pyoperitonæum

Stomach, Diffuse Cancer or
Cirrhosis of

Thrombosis, Portal

„ Splenic

Tumours (1615)

* * The note over intestinal
cancer is usually resonant.

1703. Cracked-pot Sound

Intestinal Occlusion

Retrocæcal Abscess

1704. Ascites

When the patient sits up,
the upper limit of dullness
is concave and the flanks
bulge. The dullness shifts
with position, being
always most marked at
the lowest point.

Anæmia (x)

Anarsarca (335)

Aneurysm (x)

Appendicitis, I.

quantity small

ASCITES—continued

Banti's Disease

*Cancer of Liver

,, Peritonæum

*Cirrhosis of Liver, III.

,, ,, Hyper-
trophic (x)

Cyanotic Liver

Glands, Enlarged Portal

Hydatids, Peritonæal

Kidney, Cirrhosis of, III.

Lung, Fibroid

Mediastinal Growth

Mediastinitis, Chronic

Mitral Disease

Myocardial Affections (x)

Ovarian Cyst, Rupture of

Pancreatitis (x)

Pericardial Pseudo-cirrhosis

Perihepatitis

quickly refilling

Peritonitis, Acute (x)

,, Malignant

*Peritonitis, Tuberculous

Portal Obstruction

Syphilitic Liver (x)

Thoracic Duct, Obstructed

*Thrombosis, Portal

onset sudden

Tubal Pregnancy (Rupture)

Tumours, Abdominal

from pressure on veins

1705. Fluid Test

The stomach, when partially filled with liquid, yields to percussion a dull area one inch above the umbilicus.

In Dilatation of the Stomach, this dull area is at or below the umbilicus.

1706. Gaseous Test for Stomach

Artificial distension of the stomach is produced by the patient taking successively a teaspoonful of bicarbonate of soda and the same quantity of tartaric acid upon an empty stomach. A glass of soda-water does almost as well. The colon may be advantageously distended with fluid first.

Resonance over previously Dull Area

Dilated Stomach

Pancreatic Enlargement

1707. Gaseous Test for Colon

The acid and alkali are introduced into the previously emptied rectum; or air may be injected with a long-tubed Higginson's Syringe.

Resonance over previously Dull Area

Renal Tumours or Cysts, Hydronephrosis, Pyonephrosis, 'Lobstein's Cancer,' and all post-peritonæal swellings

Ewald distends the colon before palpating for Appendicitis larvata.

1708. MISCELLANEOUS PERCUSSION

1709. Percussion of Head

Heavy percussion on the vertex elicits tenderness in the cervical vertebræ.

Caries

Rheumatoid Arthritis

A 'cracked pot' sound is sometimes heard over the area of a fractured skull.

1710. Macewen's Sign

Increased resonance on combined percussion and auscultation of skull.

Cerebral Abscess

Distended Ventricle

Gross Cerebral Lesion

1711. Auscultatory Percussion

The chest piece should be held in position by the patient or nurse. Percussion is then made over the supposed boundary of an organ. The difference in note is more

marked than in simple percussion. It is employed for determining the boundaries of the solid viscera or of a dilated stomach—the stethoscope being applied to the centre. Some observers prefer a scratching movement of one finger to percussion. A hydatid cyst is said to yield the 'sonorous booming of Santini.'

Percussion of Spine (see *Spinal Tenderness*, 156)

1712. PERCUSSION OF LIMBS

1713. Trochanteric

Pain in knee on percussion over great trochanter.

Hip Disease

1714. Patellar Tap

Effusion into Knee Joint
'double knock'

PART V

AUSCULTATION

CONTRACTIONS : U, usually ; x, exceptionally ; *, the most probable diseases ; I, First stage ; II, Second stage ; III, Final stage.

1715. The chest is normally the seat of certain circulatory and respiratory sounds, and auscultation enables us to appreciate their variations. Lung sounds are either *direct* or *conducted*. Thus bronchophony is direct if due to a dilated bronchus under the stethoscope ; but indirect or conducted if due to transmission from a normal bronchus through the intermediary of a good conductor of sound such as consolidated lung. Internal direct sounds are due to the movement of air or air and mucus in the tubes or air-cells, and are usually heard best on inspiration ; external direct sounds are due to roughness of the pleura, and are heard with inspiration and expiration. Coughing will silence or lessen internal mucous sounds, but has no effect upon external or friction sounds. Fluid is said in books on physics to be a good conductor, but it is very rarely so in the chest.

In the auscultation of the back, a towel may replace the stethoscope, the patient being told to lean forward and cross his arms. In order to get a patient to breathe deeply enough, he should be made to hold his breath ; his after-dyspnoea may then be taken advantage of for the auscultation of the lungs. An adventitious crackling is sometimes heard with the double stethoscope, particularly when the chest is hairy, and may be avoided by wetting the skin. The phonendoscope is chiefly of use for localising murmurs and circumscribed friction sounds ; but it does not conduct high-pitched sounds very well.

AUSCULTATION OF THE LUNGS

1716. Puerile Breathing

As in infants. It is due to over-functioning of one, or of part of one, lung.

Cirrhosis of Opposite Lung

Collapse of Opposite Lung

Compression of Opposite Lung

Pleural Effusion

in infraclavicular region

1717. Wavy or Saccadée Breathing

‘Of little value’ (Dr. Gee).

Bronchial Catarrh

Hypertrophy of Heart

Nervousness

Patchy Pleuritic Adhesions

Phthisis, 1.

‘Cog-wheel’ inspiration.

It is also present when chest movements are painful.

1718. Weak or Absent Breathing Sounds

Due to weak expansion, to fatty, œdematous, or painful chest walls, or to occluded bronchus, blocked alveoli, or interposed fluid.

Aneurysm

Asthma, Spasmodic

Bronchial Secretion, Retained

Bronchitis, Plastic

Cancer of Lung

Cirrhosis of Lung

in parts

Collapse of Lungs (x)

Congestion of Lungs (x)

Diaphragmatic Hernia

Diaphragmatic Pleurisy

at base

Emphysema

Encysted Pleurisy or Pneumothorax

Foreign Body in Bronchus

Gangrene of Lung

Hydatids of Lung

Hydropneumothorax

Mediastinal Tumour

Œdema of Lungs

Phthisis, 1.

Pleura, Adherent or Thickened

Pleura, Cancer of

*Pleural Effusion

Pneumothorax

Pyopneumothorax

Tympanites

To be of value this symptom must, except in the case of emphysema, co-exist with normal breathing elsewhere.

When fluid or air separates the lung from the chest wall, the breathing sounds are ‘distant’ or inaudible.

1719. Aufrecht’s Sign

Short and weak breathing over trachea.

Tracheal Stenosis

1720. Prolonged Expiration

Generally due to lessened elasticity of the lungs.

In health, the duration of inspiration as compared to expiration is as 5 to 6.

Asthma, Spasmodic

Bronchiectasis

Bronchitis, Plastic

Consolidation, Commencing

*Emphysema

Hay Asthma

Hydatids of Lung

Laryngitis, Acute

Obstructed Bronchus

*Phthisis, I.

Phthisis

healed cavity

1721. Bronchial or Tubular Breathing

This is normal when the bronchi are near the surface, as at the upper part of the sternum and between the spines of the scapulæ: abnormal when a solid is interposed between the surface and a distant bronchus; and when a bronchiole is dilated. Its pitch is low in direct proportion to the size of the bronchus. To elicit it, the patient must take a full deep breath.

Actinomycosis

Aneurysm

Bronchial Glands, Enlarged

Bronchiectasis

Bronchopneumonia

when extensive

Cancer of Lung

Cirrhosis of Lung

Collapse of Lung

Compression of Lung

Empyema (x)

Gangrene of Lung

Mediastinal Tumour

Œdema of Lungs

Phthisis, II.

Pleural Effusion in Children

and, if in thin layer, very extensive, or distant, in adults

Pleurisy (x)

adherent bands

*Pneumonia, Acute, II.

whiffing

Pulmonary Apoplexy

Syphilitic Lung

Vomica communicating with a Bronchus

* * Where some healthy lung is interposed, as in central pneumonia, the breathing may be broncho-vesicular or 'Indeterminate.'

1722. Cavernous Breathing

Usually due to an empty, patent cavity.

Abscess of Lung

Bronchiectasis

Cancer of Lung

broken down

Cirrhosis of Lung

Gangrene of Lung

*Phthisis, III.

Pleurisy (x)

Pneumothorax, Loculated

Syphilitic Lung, III.

1723. Amphoric Breathing

Usually due to a smooth walled superficial cavity of at least moderate size. It resembles the sound made by blowing across the mouth of a jar.

Abscess, Subphrenic Gaseous Bronchiectasis

Gangrene of Lung, III.

*Phthisis, III.

Pneumothorax, or Pyopneumothorax

communicating with a bronchus

Coin Sound (see 1677)**1724. Post-Tussive Suction or India-rubber Ball Sound**

Heard during the respiratory pause, following a cough. It sounds like a rubber ball expanding after compression.

Cavity

with rather elastic walls

1725. Gurgling

Caused by a churning of air and viscid fluid.

Abscess of Lung

Actinomycosis

Bronchiectasis

Caseous Softening

*Cavity, Large

Collapse of Lung

around a large bronchus

Gangrene of Lung, III.

Hydatids of Lung

after rupture

Phthisis, III.

*** The sound is sometimes conveyed from the œsophagus by consolidated lung tissue (1787).

1726. Rhonchus or Dry Sonorous Râle

Due to partial occlusion of the larger tubes, usually by tough mucus; so that the air is drawn as in the glottis, through a slit with vibrating edges.

Ague (warm stage)

*Asthma, Spasmodic
Bronchial Catarrh

*Bronchitis, Acute or Chronic

first dry, afterwards moist

Bronchitis, Plastic

Bronchorrhœa

Bronchus, Partially Obstructed

Collapse of Lung (x)

*Emphysema

Enteric Fever

Hay Asthma

Whooping Cough

Influenza

‘sticky’

Iodism

Measles

Mediastinal Tumour

Mitral Disease

Pernicious Intermittent

Phthisis, II.

conducted from a bronchus

Psittacosis

Relapsing Fever (x)

Remittent Fever

RHONCHUS OR DRY SONOROUS

RÂLE—*continued*

Rickets

Tuberculosis, Acute

Tympanites

Variola

1727. Sibilus or Dry Sibilant

Rôle

Usually associated with rhonchus and engendered in the same way, though in the smaller tubes.

Aneurysm or Tumour pressing on bronchus

*Asthma, Spasmodic

Bronchial Catarrh

*Bronchitis, Acute or Chronic

*Bronchitis, Plastic

Broncho-pneumonia

Enteric Fever

Hay Asthma

Hooping Cough

Hypertrophy of Heart

Influenza

*Measles

Variola

1728. Dry Crackle

‘Bruit de Drapeau’

A sound resembling the flapping of a flag.

Emphysema, Interlobular

„ Vesicular

Tuberculosis (softening)

breaking down of tubercles

1729. Metallic Tinkling

This is best brought out by sudden change of posture. It sounds like a drop of water falling into a cistern and is due to a similar cause.

Diaphragmatic Hernia

Phthisis, III.

Pneumothorax, Patent

1730. Water Whistle Noise

Pulmonary Fistula

1731. Moist Crepitation or Crepitant Rôle

Crepitation is divided into fine, medium, and coarse, according to the size of the tube in which it originates. Coarse and medium crepitation are due to the bursting of bubbles; but fine crepitation arises from the sticking together and unsticking of adjacent surfaces. The subcrepitant rôle which is heard towards the end of inspiration can be well imitated by rolling between finger and thumb a wisp of hair near the observer's ear.

Broncho-pneumonia

subcrepitant râles with inspiration and expiration—audible in patches

Cerebro-spinal Meningitis

Cirrhosis of Lung

coarse—metallic

Collapse of Lung

fine

Compressed Lung

Congestion of Lungs, Hypo-static

Emphysema (x)

Gangrene of Lung, I.

Hooping Cough, I.

MOIST CREPITATION OR CRE-**PITANT RÂLE—continued**

Imperfect Expansion of air-cells in bedridden patients removed by a few deep inspirations

Œdema of Lungs

Œdema of Pleura

fine

Phthisis, I. and II.

apex; heard with inspiration and expiration

Phthisis, III.

coarse and clicking

Pneumonia, Acute

I, fine, dry, inspiratory;

III, subcrepitant râle—
'crepitatio redux'

Pulmonary Apoplexy

Tuberculosis, Acute

fine

*Tuberculous Pleurisy

Türgensen's sign'

Woillez' Disease

* Deglutition râles may be conducted to the apex of a lung. They cease if the patient keeps his mouth open, because this prevents him from swallowing. See 1787.

732. VOCAL RESONANCE

The patient should be made to cough or speak loudly while the physician's ear or stethoscope is at the chest.

Increased

(As in *Bronchophony*, 1735)

1733. Diminished or Absent

Bronchus, Obstructed

Collapse of Lung

Emphysema

Empyema

Œdema of Pleura

*Pleural Effusion

Pneumothorax

Thickened Pleura

1734. Ægophony

A sound resembling that of a bleating goat—rare.

Pleural Effusion

either in thin layer or at upper limit of thicker layer. Heard best under the scapula; probably due to collapsed bronchial tubes.

Pneumonia (x)

1735. Bronchophony

An inarticulate sound heard normally over the upper dorsal spinous processes and under the right clavicle near the sternum—especially in women. It is generally associated with bronchial breathing.

Bronchial Glands, Enlarged
over upper dorsal spines

Bronchiectasis

Cancer of Lung

Cirrhosis of Lung

Emphysema, Marked

Phthisis, II.

Pleural Effusion

if in thin layer

*Pneumonia, Acute

sometimes 'sniffing'

Pulmonary Apoplexy

Syphilitic Lung

Tuberculosis

1736. Pectoriloquy

An articulate sound heard normally over the trachea. It is brought out best by a whisper.

Bronchiectasis

***Cavity in Lung**

smooth-walled and communicating with bronchus

Cirrhosis of Lung

Consolidation, Pulmonary over a large bronchus

Hydatids of Lung

after rupture

Pleural Effusion, Large (x) upper lobe

Pneumonia, Acute, II. (x)

Pneumothorax, Open

It sometimes accompanies Skodaic Resonance.

1737. Bacelli's Sign

Whispering Pectoriloquy is heard through a serous, but not through a purulent, effusion (?).

1738. D'Espine's Sign

Auscultating over the spinous processes, pectoriloquy ceases normally at the bifurcation of the trachea. In infants this is opposite the 7th cervical vertebra (in adults the 3rd dorsal). If heard lower, the bronchial glands are enlarged.

1739. Echophony

A short sound which follows the vocal resonance like an echo.

Woillez' Disease

1740. Friction Sound

A to-and-fro sound produced by the friction of roughened serous membrane. It is unaffected by coughing, and can be imitated by placing one hand flat over the ear and rubbing on it slowly to and fro with a finger of the other hand.

Abscess, Hepatic

Bronchial Glands, Enlarged between scapulæ

Cancer of Liver

„ Pleura

Diaphragmatic Pleurisy

lower end of sternum

Embolism of Lung

Fracture of Rib

Interlobular Emphysema

Mediastinitis, Acute

Perihepatitis

audible all over right side

Perisplenitis

Peritonitis (x)

over lower chest

Phthisis (x)

at apex

Pleura, Thickened Adherent

creaking

*Pleurisy, I. and III.

Pyæmic Abscess

Recent Adhesion

spongy

Subphrenic Abscess

xiphoid cartilage

Tubercles on Pleura (x)

* * Shoulder - blade, and shoulder-joint friction may mislead, but these can be evoked by movements of the arm even when the breath is held.

1741. Perez' Sign

A friction sound heard over the sternum when the patient raises his left hand to his head and lets it fall again.

Aneurysm of Aorta
Mediastinal Tumour

1742. Succussion Sound

The patient should be taken by the shoulders and shaken from side to side. The sound is due to the splashing of fluid mixed with air.

Abscess of Lung
„ Subphrenic
Diaphragmatic Hernia
Gangrene of Lung
Hydropneumopericardium
*Hydropneumothorax

Phthisis, III.

large thin-walled cavity
Pyopneumopericardium
Pyopneumothorax

1743. Tuning Fork Sound

This is periodically invented and discarded as worthless. Years ago the writer was one of the many culprits.

1744. Symmetrical Lung Diseases

Acute Miliary Tuberculosis
Bronchial Catarrh
Bronchitis
Broncho-pneumonia
Congestion, Hypostatic
Emphysema, Vesicular
except the compensatory form

AUSCULTATION OF THE HEART

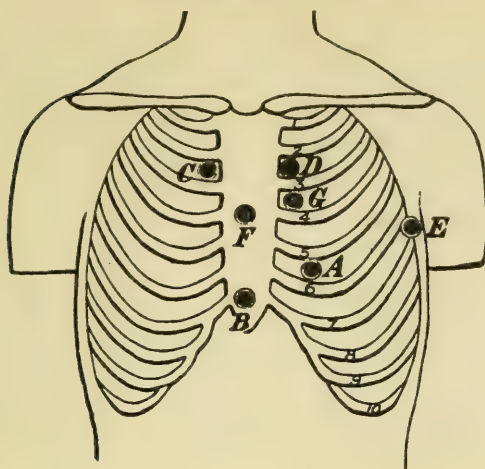


FIG. 14.—POINTS OF MAXIMUM INTENSITY FOR MURMURS

Acute Endocarditis, *A*.
 Aortic Regurgitation, *B*, *C*.
 „ Stenosis, *C*, *F*.
 and back
 Hæmic Murmurs, *D*.
 Mitral Regurgitation, *A*, *E*.
 and back

Mitral Stenosis, *A*.
 Patent Duct, *D*.
 Pulmonary Murmurs, *D*, *G*.
 Tricuspid Regurgitation, *B*.
C.
 Tricuspid Stenosis, *B*.

1745. It is not always easy to distinguish the first from the second sound. To do so, start at the apex—the systolic sound will synchronise with the upheaval; then, with the finger on this spot, move the stethoscope gradually towards the base, keeping in touch all the time with the upheaval. The radial pulse is about $\frac{1}{10}$ second later than the heart's impulse and is therefore not suited for timing murmurs. The rhythm of the mitral and tricuspid sounds is usually a trochee (— ∪); that of the aortic and pulmonary, iambic (∪ —). The cardiac cycle, with a pulse rate of 72, is 0·8 second; divided as follows:

Auricular Systole	0·1	Auricular Diastole	0·7
Ventricular Systole	0·3	Ventricular Diastole	0·5

The heart sounds are heard better in the upright than in the recumbent posture, particularly in fat subjects.

1746. MURMURS

A murmur is not necessarily evidence of diseased valves, for the cusps may fail to meet owing to dilatation of the ventricle or of the valve ring. Further, the stenosis revealed by a given murmur may be only relative, for even a dilated orifice may be small in proportion to a greatly dilated ventricle.

1747. Potain's Murmurs

These are functional. That due to excited cardiac action is systolic and is heard in the fourth left space near the sternum; while the cardio-pulmonary murmur, which is meso-systolic, is heard near the apex or in the third or fourth space. It may be most evident with in- or ex-piration; but is not equally audible with both. Both murmurs are audible in the upright position only.

1748. APEX MURMURS**1749. Præsysstolic Murmurs**

Aortic Regurgitation (x)

Flint's Murmur; heard only when the ventricle is dilated.

Endocarditis

Mitral Regurgitation (x)

Mitral Stenosis

U soft; brought out by exercise, or, if heart turbulent, by digitalis. It disappears when auricular fibrillation intervenes.

Tricuspid Regurgitation (x)

Tricuspid Stenosis

loudest at base of ensiform cartilage, or at the insertion of the 5th right rib; not heard at back

1750. Systolic Murmurs

Acute Endocarditis

blowing—variable

Mitral Regurgitation

loud and blowing; heard in left axilla and left vertebral groove

Tricuspid Regurgitation

base of ensiform cartilage

BASE MURMURS

1751. Systolic Functional

Low-pitched; heard best at 2nd left space in 60 per cent. of cases; rarely on the right side or at apex.

Addison's Disease

Anæmia (385)

Cachexia, Cancerous

Chlorosis

Convalescence from Fevers

Exophthalmic Goître

Hæmorrhage

Wasting Diseases

1752. Systolic Organic

Aneurysm, Intrapericardial
booming

***Aortic Stenosis**

loud; heard at mid-sternum, 2nd right space, and left vertebral groove

Aortitis

harsh

Dissecting Aneurysm

heard at left vertebral groove

Malformation of Heart

sharp

Mediastinal Tumour

pressing on aorta

Perforation of Septum Ventrliculorum

heard best at mid-sternum between the third spaces

Pulmonary Stenosis

2nd and 3rd left spaces

Roughness and Rigidity of Aortic Valves

Roughness of Conus arteriosus

1753. Diastolic Organic

Acute Endocarditis (x)

on infective endocarditis setting in, the old murmur changes its character

Aneurysm of Aorta

***Aortic Regurgitation**

blowing; heard best at 2nd right space and at junction of 3rd left cartilage with sternum. Conducted to ensiform cartilage, but not to back

Dilatation of Aorta above Valve

Patent Ductus Arteriosus

third left space—partly systolic

Pulmonary Regurgitation

Rupture of Aortic Cusp

* * It must not be forgotten that stenosis and insufficiency may co-exist.

ALTERED FIRST SOUND

1754. Weak or Muffled

In general, this is a sign of extreme weakness. When occurring in the course of a fever, it is known as 'Stokes' Sign.'

Ague (cold stage)

Cholera

Collapse

Emphysema

Endocarditis, Acute

Fatty Heart

Gouty Heart

Obesity

Pericardial Effusion

Pernicious Intermittent

Prostration

Trance

Typhic State (62)

Typhus

1755. Loud at Apex

A transient accentuation may be due to nervousness. Prolongation means increased blood pressure.

Exophthalmic Goître

Meteorism

Mitral Stenosis

'slapping'

Neurasthenia

Pneumothorax

ringing

Valvular Disease

with disturbed compensation

1756. Differential

Aortic Aneurysm

often absent

Aortic Regurgitation

murmurish at base

Arterio-sclerosis

prolonged

Dilatation

short and loud

Functional Heart Disease

ringing

Hypertrophy of Left Ventricle

booming

Hypertrophy of Right Ventricle

distinct

Mitral Stenosis

loud, short, and sharp

Myocarditis, Acute

sharp at first, afterwards dull

1757. HEART'S PAUSES

(See *Cardiac Cycle*, 1745)

1758. Equalised, as in the
fœtal heart (embryo-
cardia)

Also termed 'tic-tac' or
'pendulum' rhythm—a
danger signal.

Fevers

Heart Failure, Impending

Nephritis

Weakened Heart Muscle

1759. Second Pause Prolonged

Digitalinism

Pneumonia

Weak and Irritable Heart

1760. ALTERED SECOND SOUND

Accentuation of the second sound is systemic, if loudest in the 2nd or 3rd right space; pulmonary if in second or third left. The pulmonary second sound is louder than the aortic up to puberty; but after this, the aortic gradually gets the louder. In patients over fifty, the second sound becomes louder than the first.

Anæmia

sharp

Aneurysm

drum-like

Aortic Regurgitation

valvular form, feeble;
aortic form, accentu-
ated

Aortic Stenosis

indistinct

Aortitis

accented

Arterio-sclerosis

audible at angle of right
scapula

Dilatation, Acute

accented

Fatty Degeneration

sharp

Fibroid Heart

accented

Hypertrophy (1829)

left, loud; right, very
loud

Mitral Regurgitation

accentuated pulmonary

Mitral Stenosis

accentuated pulmonary

Myocarditis, Acute

sharp at first, afterwards
dull

Pericarditis, I.

ringing sound—over pul-
monary area

Pericardium, Adherent

inaudible at apex

Rough and Rigid Aortic

Valves

loud

1761. Reduplication

Reduplication is due to want of synchronism in the closure of the aortic and pulmonary valves. Reduplication of the first sound gives an anapest $\cup \cup -$; of the second sound, a dactyl— $\cup \cup$.

Anæmia

Aneurysm

Arterio-sclerosis
of first sound

Dyspepsia

Emphysema

Hypertrophy, Left
of first sound at apex

Hypertrophy, Right
of second sound

Mitral Regurgitation

Mitral Stenosis
of second sound at base
(Sansom's Sign)

Nephritis, Chronic

Postural Albuminuria
of second sound in recumbent position

Pyrexia (295)
It is present occasionally in healthy persons.

1762. Bruit de Rappel

(Sound of Recall — — \cup)
*Mitral Stenosis

1763. Lapping

A sound resembling that of a cat lapping milk has been heard with a slit-like rupture of the aorta.

1764. Galloping or Triple Rhythm

(Bruit de galop)

Anæmia

Dilated Heart

Fevers, III.

Heart, Hypertrophy of

Myocarditis

Nephritis, Chronic

*Pericarditis, Acute

1765. Nodal Rhythm

The auricles and ventricles contract simultaneously : common in—

Mitral Stenosis

Rheumatic Heart

1766. Irregular Action

This in its extreme form is termed Delirium Cordis. It is a sign of failing compensation.

Aneurysm (esp. intrapericardial)
tumultuous

Aneurysm of Heart

Ascites

Auricular Fibrillation (259)

Chorea

Digitalis in Excess
cumulative action

Displaced Heart (1600)

Distension of Stomach

Gout, Undeveloped

Influenza

Mitral Regurgitation

Neurasthenia

Neuritis, Multiple

Rupture of Aortic Cusp

IRREGULAR ACTION—continued**Spermatorrhœa**

Also from abuse of tea or tobacco

(See *Palpitation*, 219, and *Arrhythmia*, 258)

1767. Cliquetis Métallique

A rattling systolic tone heard over the ventricles—rare

Hypertrophy of Heart
Palpitation (219)

1768. Splashing Sound

Audible at a distance.

Hydropneumopericardium
Pyopneumopericardium

It sometimes resembles the sound of a water mill—
'Bruit de Moulin.'

1769. Friction Sound

Unlike a pleural friction sound, this is audible when the patient holds his breath; further, it is increased or brought out by the pressure of the stethoscope. The intensity point may change with the position of the body; it is usually loudest at the base.

Mediastinitis***Pericarditis**

Perihepatitis
low-pitched

Pleurisy of Overlapping Lung

rarely audible when not breathing

Tubercles of Peritonæum (x)

It is also present in *Sturges' Carditis*, which is a combination of endo- and peri-carditis.

1770. Auricular Flutter

The auricular contractions number 200 or more per minute—the radial pulse being usually one half or one third of this. It indicates degeneration of the auricle.

Cardio-sclerosis

Diphtheritic Neuritis

Influenza

Valvular Disease

1771. Crepitation Synchronous with Heart's Action

Interstitial Emphysema of Mediastinum

1772. VENOUS MURMURS

Care must be taken to prevent the stethoscope from impinging upon the lumen of a vein, since a murmur can be artificially produced in this way.

1773. Præsytole

Health

in recumbent position

1774. Systolic

Tricuspid Regurgitation

1775. Diastolic

Anæmia

Dilatation of Aorta

Hypertrophy

Strong Aortic Pulsation

Anæmia

Chlorosis

in upright position

Cirrhosis of Liver (x)

over epigastrium—louder
on expiration

Nævus

Spleen, Enlarged

Uterine Souffle

Varix

* 'Diable' means here a
humming-top.**1776. Venous Hum**'Bruit de diable' * or
Nun's MurmurTo hear this, the stetho-
scope should be placed
very lightly over the
clavicular insertion of
the sterno-mastoid.**1777. Eustace Smith's Sign**A venous hum at manu-
brium with patient's head
thrown back.

Bronchial Glands, Enlarged

1778. ARTERIAL MURMURS

In general, a systolic murmur heard over a portion of an artery means local arterio-sclerosis. Whatever causes pulsus celer will cause an arterial murmur (250).

**1779. Carotid and Subclavian
Systolic Murmur**

Anæmia

Aortic Regurgitation

diastolic

Aortic Stenosis

systolic

Arterio-sclerosis

also heard elsewhere

Cervical Rib

* * * 'When the second sound is audible in the carotids, the aortic valves are still fairly efficient.'
(W. Broadbent.)

1780. Femoral Double Murmur

The Double Murmur of Duroziez is brought out by graduated pressure of the stethoscope upon the femoral artery *after* the degree necessary to produce the normal systolic pressure murmur is exceeded.

FEMORAL DOUBLE MURMUR—*continued*

Aneurysm

Aortic Regurgitation

Chlorosis

Exophthalmic Goitre

Lead-poisoning

Mitral Stenosis

1781. Palmar Arch Murmur

Aortic Regurgitation

1782. Glasgow's Sign

A systolic sound heard over
the brachial artery.

Aneurysm of Aorta

1783. Fœtal Heart

This is rarely heard before
the fifth month. The
rate is from 135 to 140,
and the situation where

it is normally the loudest
is midway between the
ant. sup. spine and the
umbilicus. When the
point of maximum in-
tensity is well above the
level of the navel, the
case is one of breech
presentation. When the
sounds are loud and the
uterus is small, ectopic
gestation is indicated.

1784. Aneurysmal Bruit

Aneurysm in general
unless filled with clot

Aneurysm of Aorta
with systolic murmur

Aneurysm of Abdominal
Aorta

with post-systolic murmur
Pulsating Sarcoma

AUSCULTATION OF OTHER PARTS**1785. Auscultation of Head**

The systolic murmur some-
times heard over the ver-
tex in children aged from
three months to six years,
and formerly attributed
to Rickets, is of no
diagnostic importance.

1786. Buccal Auscultation

The patient after coughing
and expectorating freely
places over his open
mouth a cloth, to which
the physician applies his
ear. A sound resembling
a sub-crepitant râle indi-
cates :—

Phthisis

consolidation and softening
at the apex

**1787. Auscultation of Œso-
phagus**

The stethoscope should be
placed on the left side
of the trachea or of the
six upper dorsal spines.
The sound of swallowing
fluid is delayed in :—

Œsophageal Stenosis
cancerous or fibrous

Tumours
impinging on lumen
(See 693)

1788. ABDOMINAL AUSCULTATION

1789. Swallowing Sound

A short splashing murmur heard in health immediately after swallowing fluid.

Absent in

Œsophageal Stenosis

1790. Friction Sound

Rare; loudest over liver and spleen.

Leukæmia, Splenic

Perihepatitis

Peritonitis

1791. Silenced Borborygmi

Borborygmi should be always audible with the stethoscope; if they are not, it is a sign that peristalsis is arrested, as in

Acute Peritonitis

OTHER STOMACH TESTS

1792. Wolfler's (a) Sign

When less can be withdrawn from the stomach than has been introduced into it by tube, the indication is—

Hour-glass Contraction

1793. Wolfler's (b) Sign

A foul flow after apparently complete cleansing by lavage.

Hour-glass Contraction

1794. Jaworski's Test

A succussion splash in the pyloric half after siphonage of the cardiac sac.

Hour-glass Contraction

1795. Gaseous Test

On taking the two parts of a Seidlitz powder separately, a peculiar gurgling sound is heard below the xiphoid cartilage (not at the pylorus).

Hour-glass Contraction

* * Moynihan's Test consists in the observation of two distinct sacs after inflation.

1796. Stomach Splash

The examination should be made at least four hours after a meal.

Atony of Stomach

Dilatation of Stomach

Distended Colon (x)

Gastropsis

Hour-glass Contraction

Hydro-pneumoperitonæum

Perforation (x)

Pneumoperitonæum (x)

1797. Succussion Sound, Abdominal

Abscess, Subphrenic after opening into the stomach

Aërophagia Nervosa

Dilatation of Cæcum, Colon or Stomach

Hydro-pneumoperitonæum

SUCCUSSION SOUND, ABDO-

MINAL—*continued*Idiopathic Dilatation of
Colon

Pneumaturia

It may be heard in health,
when a large quantity
of fluid has been just
swallowed.

1798. Bell Sound

Distended Colon (x)

Enteric Fever (x)

When heard all over the
abdomen it is said to
indicate perforation of
the bowel.

1799. Sahli's Whistle (x)

Due to flatus passing
through a chink.

Stenosed Intestine

1800. Brenner's Sign

A metallic rub over the
12th left rib behind when
the patient sits up.

Perforation of Stomach

It is due to air bubbles
collecting between the
diaphragm and the
stomach.

AUSCULTATION OVER BONES, ETC.

1801. Auscultation of Bones

Crepitation over seat
of fracture. Especially
valuable in fractures of
the spinal column and
those in remote situations.

1802. Auscultation of Joints

Bared Bone

scraping sound

Erosion of Cartilages

'fine scrunch'

Synovial Membrane, Swollen
fine crackle

* * A gross snap or crackling
often audible at a distance
occurs in old rheumatism
and rheumatoid arthritis;
but is of little import-
ance. Something like it
is often heard in health—
the 'vacuum sound' of
Garrod. (See 916)

PART VI

MISCELLANEOUS

CONTRACTIONS : u, usually ; x, exceptionally ; *, the most probable diseases ; I, First stage ; II, Second stage ; III, Final stage.

1803. TIME AND SEASON

1804. Worse at Night

Acute Laryngitis
Asthma, Spasmodic
small hours
Bones, Diseases of
Diphtheritic Laryngitis
Influenza
Joints, Diseases of

Renal Calculus
Rheumatism, Chronic
Spasmodic Laryngitis
Syphilitic Pains

The temperature in fevers,
etc., is usually higher at
night (295). For *Pain*
see 152.

1805. TIME OF YEAR (London Mortality)

Some diseases will be found under two headings.

1806. Winter, Prevalent in

Asthma
Bronchitis
Cerebro-spinal Meningitis
Diphtheria
Enteric Fever
Erysipelas
Gout
Heart Disease
Hooping Cough
Laryngitis

Measles
Phthisis
Pleurisy
Pneumonia
Puerperal Septicæmia
Quinsy
Raynaud's Disease
Rheumatism
Spasmus nutans
Variola

1807. Spring, Prevalent in

Asthma
Bronchitis
Gout
Hydrarthrosis, Intermittent
Laryngitis
Measles
Phthisis
Pleurisy
Pneumonia
Purpura
Scurvy
Variola
Vincent's Angina

1808. Summer, Prevalent in

Cholera
Cholérine
Diarrhoea
Dysentery
Enteritis

Infantile Paralysis
Malta Fever
Tabes mesenterica
Weil's Disease

1809. Autumn, Prevalent in

Cholera
Cholérine
Diphtheria
Dysentery
Enteric Fever
Erysipelas
Heart Disease
Hooping Cough
Infantile Paralysis
Puerperal Fever
Quinsy
Rheumatism
Scarlatina
Weil's Disease

1810. EXOTIC DISEASES, ETC.

(As regards England)

Ainhum	Hepatic Abscess
Hindostan and Guinea	Hepatitis, Acute
Aketama	Kala Azar
West Africa	India
Ankylostomiasis	Lathyrism
India, Egypt, West Indies,	Leprosy
more than in England.	Mycetoma
Beri-beri	Nakra
rice-eating countries	Paroxysmal Hæmoglobin-
Bilharzia hæmatobia	uria
Egypt, Cape, etc.	Tropics and S. Europe
Bothriocephalus	Pellagra
Switzerland, Italy, Baltic,	Italy, Roumania, U.S., and,
etc.	rarely, England.
Bruhl's Disease	Pernicious Intermittent
Bualama Boil	Pinta
Chigoe	Plague
Chorea Major	Ponos
chiefly S. Europe.	Greece
Cretinism	Remittent Fever
Dengue	Sprue
West Indies, etc.	esp. Malaya
Distomiasis	Trachoma
China, Japan, etc.	Poland, Belgium
Dubini's Chorea	Trypanosomiasis
Dysentery	Yaws
Elephantiasis	black races chiefly
Gerlier's Disease	Yellow Fever
Switzerland	W. Indies, W. Africa

RADIOGRAPHY

1811. Röntgen Rays

The higher the atomic weight of an element, the more impenetrable is it to X-rays. The hollow viscera should be examined after a meal containing 4 to 6 oz. of bismuth carbonate, or 10 to 12 oz. of sulphate of barium. The latter, mixed with kaolin and warm water, may be administered as an enema. An ordinary breakfast may be taken two hours before the test is made. Beck's Paste is used for investigating fistulous openings; it consists of one part of bismuth subnitrate to two of warmed vaseline. Collargol (7 per cent.) injection is used in examination of the ureter and kidney. The calculi that give the best results are cystin and the oxalates, then the phosphatic, and lastly the uric acid.

Useful in diagnosing—

Acromegaly

Sella Turcica enlarged

Aneurysms

Bronchial Glands, Enlarged

Cancer of Bone

spotty, with irregular outlines

Cavities, Lung

Cervical Rib

Charcot's Joint

diminished opacity near joint

Coxa valga

„ vara

Diaphragmatic Abscess

„ Hernia

Dilatation of Stomach

Dislocations

Displacements of Heart

„ of Liver

Disused Limb

thinning of bone

Effusion, Pericardial

„ Pleural

Enteroliths

Exostoses

Fractures

Gallstones

periphery dark

Gangrene of Lung

Gastric Cancer

lessened peristalsis

Gastric Ulcer

bismuth clings to it

Gastroptosis

Gouty Deposits

Growths, Internal

Heart Enlargements

Hour-glass Stomach

Ileal Kink

Impacted Foreign Bodies

especially metal objects

Intestinal Obstruction

Liver, Enlarged

RÖNTGEN RAYS—*continued*

Mediastinal Abscess
 Myelo-sarcoma
 bone transparent
 Myositis Ossificans
 Œsophageal Pouch
 „ Stricture
 Osteo-arthritis
 osteophytes, thinning of shaft
 Pancreatic Calculi
 Pericardial Effusion
 pulsating shadow
 Persistent Ductus Botalli
 Phleboliths
 Phthisis, I.
 diminished diaphragmatic
 movements
 Pituitarism
 Pneumonia
 Pneumothorax
 Psammoma Cerebri
 Pyloric Stenosis
 Renal Calculus
 Rheumatoid Arthritis
 thinning of bone, clear
 outlines
 Sphenoidal Sinus Disease
 Tendon, Ruptured
 Thymus, Enlarged

Tuberculous Bone

outlines fluffy and ill-defined

Tumours, Solid

Ureteral Calculus

Vesical Calculus

V-shaped Colon

1812. William's Phenomenon

Restricted movement of the diaphragm on the affected side.

Aneurysm of Desc. Aorta

Phthisis

1813. Frimadeau's Sign

The dilatation above a stricture of the œsophagus is cup-shaped, if malignant; conical, if fibrous.

1814. Radium Rays

These rays are said to be visible in cases of blindness due solely to—

Corneal Opacity

Glaucoma

1815. TUBERCULIN TESTS

1816. Conjunctival Reaction
(Calmette and Wolff-Eisner)

A freshly prepared 1 per cent. solution of Koch's *Old Tuberculin* (dried) in normal saline solution should be made, and a little dropped on to the conjunctiva. The reaction ranges between slight reddening of the caruncle and intense conjunctivitis with chemosis. It usually begins within 10 hours, reaches its height on the second day, and fades on the fifth day; the intensity of the reaction is not in proportion to the extent of the disease. 88 per cent. of cases of certain tuberculosis give the reaction, and 12 per cent. of non-tuberculous cases. It has been known to cause blindness and is less used now.

Gonorrhœa

Rheumatism (x)

Skin Diseases, Many

*Tuberculosis, Local or
General

1817. Pagano's Reaction

Calmette's Reagent is applied to the meatus urinarius instead of the conjunctiva.

1818. Moro's Reaction

An eruption of pink or red papules after an application to the skin of an ointment composed of 5 c.c. old tuberculin in 5 grammes of wool fat.

Tuberculosis

1819. Von Pirquet's Cutaneous Reaction

The solution consists of Koch's *Old Tuberculin*, 1 part; of 5 per cent. carbolic glycerin, 1 part; and of sodium chloride solution (0.85 per cent.), 2 parts. The skin on the inner side of the forearm, previously washed with ether, is lightly scarified at two points. On one the above preparation is placed; on the other, the preparation minus the tuberculin. On the first, a hyperæmic papule surrounded by a bright red zone the size of a florin will form within 24 hours, the papule becoming later a vesicle, and finally a crust. The second or

VON PIRQUET'S REACTION—
continued

'control' scarification shows only slight congestion and swelling. No constitutional symptoms should ensue. Present in:—

Tuberculosis

88 per cent.

Cases not demonstrably tuberculous 10 per cent.

* * Neither Acute Miliary Tuberculosis nor late severe Phthisis will give a reaction.

1820. Escherich's Test

This differs from V. Pirquet's test in that the tuberculin is injected subcutaneously. It is of doubtful value.

1821. Guinea Pig Test

The inoculated animals die within three weeks of tuberculosis.

1822. Tuberculin Test

Not without danger, especially if the patient is already feverish. Not often used now.

If, 5 to 20 hours after an injection, there is a rise in temperature of 2° to 3° F. and the physical signs are plainer, the indication is

Tuberculosis

1823. Deehan's Typhoid Reaction

This is an adaptation to Typhoid of von Pirquet's tuberculin reaction and gave early positive results in twelve consecutive cases. The strength of the re-agent is four billions of *b. typhosus* to 1 c.c. of saline solution.

1824. Noguchi's Luetin Test

An extract of a pure culture of *Spirochæta Pallida* is injected intradermically in the arm.

The negative reaction is erythema and a papule which subsides within five days.

The positive result is a large papule which may become pustulous and lasts ten days or more.

Parasyphilis

Syphilis, Congenital

„ Latent

„ Tertiary

The results are but little affected by mercurial treatment.

1825. Waterhouse Pus Test

When pain in a local inflammation is increased by the application of a Bier's Bandage, pus is present.

1826. Drug Diagnosis

Rapid amelioration under treatment.

Antipyrin—Neuralgia

Emetin Hydrobrom.

Amœbic Dysentery

Iodides—Syphilis

Quinine—Malaria

Salicylates—Rheumatism
(except the gonorrhœal form)

Salvarsan—Syphilis

Thyroidin—Myxœdema

Trinitrin—Angina Pectoris

Allied to this aid to diagnosis is that of Addison's Disease by the marked intolerance of arsenic that is characteristic of it.

1827. Negative Symptoms

The absence of a symptom is sometimes as important as its presence. Where this is the case, a note will be found under the appropriate heading.

1828. Rarity

Extreme rarity of occurrence of a disease is a presumption against the diagnosis or at least a warning to investigate very fully.

1829. SYMPTOMS—COMPLEX

With some of the conditions they include.

The number is that of the section containing the list of diseases in which the symptom-complex is found.

Anæmia.—Pallor of skin and mucous membranes, pale, pearly conjunctiva, waxy ears, breathlessness on exertion, palpitation, headache, amenorrhœa, and, sometimes, œdema pedum. The term 'Secondary' Anæmia is applied to the form that results from albuminuria, cancer, hæmorrhage, lactation, suppuration, syphilis, poisons, and high temperature. A flushed face is not inconsistent with anæmia; the pale palpebral conjunctiva is a better guide than the skin (385).

Ascites.—Abdomen distended with clear free fluid (1704).

Collapse.—Pallor, cold sweats, pinched features (Facies Hippocratica), feeble action of heart, nearly imperceptible and rapid pulse, partial loss of consciousness (235).

Coma.—Loss of consciousness, insensible conjunctiva, stertorous breathing, flapping cheeks, altered pupils, involuntary evacuations, and usually a slow pulse (64).

Debility.—Weakness of limbs, shortness of breath on exertion, weak first sound of heart (233).

Dyspepsia.—Pain in epigastrium, sternum, and back, following food; together with flatulence and furred tongue (147).

Acute Dyspnœa.—Breath short, face wet and livid, countenance anxious, alæ nasi dilating, speech interrupted (1223).

Hectic State.—High evening temperature, morning remissions with perspiration, red spot on cheek of otherwise pale face, eyes bright, mind clear, pulse rapid (299).

Hyperpyrexia.—Temperature over 106°, delirium, rapid dicrotous pulse (297).

Hypertrophy or Heart

Heart displaced downwards and outwards, heaving impulse, accentuated second sound.

(a) Left Ventricle

Aneurysm

Aortic Regurgitation

or 'cor bovinum'

Aortic Stenosis

slight enlargement

Arterio-sclerosis

Athletics

Chlorosis

Cirrhosis of Kidney

Cyanotic Kidney

Exophthalmic Goitre

Heart, Fibroid

„ Syphilitic

Mediastinal Tumours

Palpitation, Long-continued

Pericardium, Adherent

Pregnancy

Tracheal Stenosis

(b) Right Ventricle

Asthma

Emphysema

Mediastinal Tumour

Phthisis, Chronic

Irritant-poisoning.—Vomiting, diarrhœa, pain and tenderness in epigastrium, collapse.

Jaundice.—Yellow skin and conjunctiva, dark urine, pale stools, slow pulse (392).

Meteorism and Tympanites.—Distended abdomen, displacement of heart, with rapid and perhaps irregular action, shortness of breath (1700).

Portal Obstruction.—Ascites with, later, œdema pedum; jaundice or earthy complexion, enlarged abdominal veins, hæmorrhoids (1704).

Pyrexia.—Thirst, high temperature, rapid pulse, furred tongue, scanty high-coloured urine with sediment (295).

Typhic (or Typhoid) State.—Muttering delirium, stupor or coma vigil, involuntary evacuations, subsultus tendinum, temperature 104° or more, passive congestion of lungs and skin of back, finally Cheyne-Stokes' respiration (62).

[1830. SYNONYMS

In a few cases the diseases here regarded as identical are looked upon by some writers as distinct entities. Both columns should be scrutinised.

Achondroplasia	= {	Foetal Rickets
		Foetal Cretinism
Achorion Quinckeanum	=	Mouse Favus
Adeno-lipomatosis	=	Lipomatosis Neurotica
Addison's Disease	=	Asthenia Pigmentosa
Albert's Disease	=	Achillodynia
Alibert's Disease	=	Mycosis Fungoides
Amdas	=	Varioloid
Anorexia Nervosa	=	Nervous Atrophy
Anterior Poliomyelitis	=	Infantile Paralysis
Anthrax	= {	Malignant Pustule, Charbon,
		Splenic Fever
Appendicitis Larvata	=	Appendicitis Dyspepsia
Area	=	Alopecia Areata
Arthritis Deformans	=	Rheumatoid Arthritis
Ataxic Paraplegia	= {	Combined Lateral and Pos-
		terior Sclerosis
Ateleiosis ||	=	Primary Infantilism
Atrophic Spinal Paralysis,	=	Adult form of Infantile Para-
Acute :		lysis
Balfour's Disease	=	Chloroma
Ballet's Disease	=	Ophthalmoplegia Externa
Ballingall's Disease	=	Mycetoma
Bamberger's Disease	=	Saltatory Spasm
Banti's Disease	= {	Primary Splenomegaly with
		Cirrhotic Liver
Barlow's Disease	= {	Infantile Scurvy
		Scurvy Rickets
Bateman's Disease	=	Molluscum Contagiosum
Bazin's Disease	=	Erythema Induratum
Beard's Disease	=	Neurasthenia
Begbie's Disease	=	Rhythmic Localised Chorea

Beigel's Disease	=	Trichorrhæxis Nodosa
Bell's Mania]	= {	Acute Periencephalitis,
.. Paralysis	=	Typhomania
Bergeron's Disease	=	Facial Paralysis
Bernhardt's Paræsthesia	=	Electric Chorea
Biermer's Anæmia	=	Meralgia Paræsthetica
	=	Pernicious Anæmia
Blackwater Fever	= {	Paroxysmal Hæmoglobinuria
	= {	Melanuric Fever
Botulism	=	Paralytic Food Poisoning
Bouillaud's Disease	=	Infective Endocarditis
Bright's Disease, Acute	=	Nephritis, Acute Tubal
Brill's Disease	=	Modified Typhus
Bruhl's Disease	=	Pyrexial Splenic Anæmia
Buhl's Disease	=	Acute Fatty Degeneration
Bulbar Paralysis	= {	Labio-Glosso-Laryngeal Para-
	= {	lysis
Caisson Disease	=	Diver's Paralysis
Carrion's Disease	= {	Paratyphoid imposed upon
	= {	Verruga Peruana
Chabert's Disease	=	Anthrax, Sympathetic
Charcot's Disease	= {	Amyotrophic Lateral Sele-
	= {	rosis, also
	= {	Locomotor Arthropathy
Cheadle's Disease	=	Infantile Scurvy
Cheiopompholyx	=	Dysidrosis
Chlorosis	=	Green Sickness
Cholæmia, Congenital	=	Acholuric Jaundice
Cholera Nostras	=	Cholérine, Sporadic Cholera
Cirrhosis of Kidney, Conse-	=	Surgical Kidney
cutive	=	
Claudication Intermittente	= {	Obliterative Arteritis
	= {	Dysbasia Angio-sclerotica
Celiac Disease (Gee)	=	Acholia (Cheadle)
Corrigan's Disease	=	Aortic Regurgitation
Cretinism	=	Congenital Myxœdema
Cruveilhier's Paralysis	=	Progressive Muscular Atrophy
Cyanotic Kidney	=	Passive Congestion of Kidney
.. Liver	=	Nutmeg Liver
Darier's Disease	=	Keratosi Follicularis
Debove's Disease	=	Splenomegaly

Dementia Precox	= Adolescent Insanity
Dengue	= { Dandy Fever Breakbone Fever
Dercum's Disease	= { Adiposis Dolorosa Lipomatosis Neurotica
Diabetes, Bronzed	= { Cirrhosis of Liver (with sugar- less Polyuria)
„ Phosphatic	= { Phosphaturia with Polyuria (no sugar)
Disseminated Sclerosis	= { Insular Sclerosis Multiple Sclerosis
Dressler's Disease	= Paroxysmal Hæmoglobinuria
Duchenne-Aran's Disease	= Progressive Muscular Atrophy
Duchenne's Paralysis	= Pseudo-hypertrophic Paralysis
Duhring's Disease	= { Hydroa Dermatitis Herpetiformis
Duke's or Filatow's Disease	= 'Fourth Disease'
Duroziez' Disease	= Congenital Mitral Stenosis
Ebstein's Disease	= { Lymphadenoma with Inter- mittent Fever
Ehrlich's Anæmia	= Aplastic Anæmia
Eichstedt's Disease	= Pityriasis Versicolor
Endocarditis, Malignant	= { Endocarditis, Ulcerative or Infective
Enterogenous Cyanosis	= Sulph-hæmoglobinaemia
Erb's Juvenile Dystrophy	= { Progressive Muscular Atrophy (Juvenile Type)
„ Paralysis	= { Superior Brachial Plexus Paralysis
„ Syphilitic Spinal Paralysis	} = Syphilitic Spinal Sclerosis
Erichsen's Disease	= Traumatic Neurasthenia
Erythema Infectiosum	= Fifth Disease
Eulenberg's Disease	= Paramyotonia Congenita
Fenwick's Disease	= Primary Atrophy of Stomach
Fibromatosis of Stomach	= Cirrhosis of Stomach
Fibrositis (Gowers)	= { 'The state of the fibrous tissue of the muscles which causes muscular and tendinous rheu- matism and perineuritis' (W.G.)
Fifth Disease	= Erythema Infectiosum
Fordyce's Disease	= Miliary Cheilitis

Fothergill's Disease	=	Trigeminal Neuralgia
Friedreich's Disease	= {	Hereditary Ataxia and Hereditary Tabes
Fröhlich's Syndrome	= {	Pituitritis Posterior, Dys- trophia Adiposo-Genitalis
Gastritis	=	Gastric Catarrh
Gaucher's Disease	=	Familial Splenic Anæmia
Geisbock's Disease	=	Polycythæmia, Splenomegalic
General Paralysis	= {	Paretic Dementia Dementia Paralytica
Gerlier's Disease	=	Vertige Paraly sant
Gilles de la Tourette's Disease	= {	Guinon's Disease Impulsive Tic
Giovanini's Disease	=	Nodular Trichosis
Glénard's Disease	=	Enteroptosis
Goldflam's Disease	=	Myasthenia Gravis
¹ Grave's Disease	= {	Basedow's Disease Exophthalmic Goître Parsons' Disease Parry's Disease
Griesinger's Disease	=	Ankylostomiasis
Gruby's Disease	=	Alopecia Areata
Gull's Disease	=	Myxœdema
Gull-Sutton's Disease	=	Arterio-capillary Fibrosis
Hæmatomyelia	= {	Spinal Apoplexy Hæmorrhage into Cord
Hallopeau's Disease	=	Pyodermatitis Vegetans
Hallux Valgus	=	Bunion
„ Varus	=	Pigeon Toe
Hammond's Disease	=	Athetosis
Harley's Disease	=	Paroxysmal Hæmoglobinuria
Hanot's Disease	=	Hypertrophic Biliary Cirrhosis
Hayem's Hypopepsia	=	Achylia Gastrica

¹ The honour of first describing Exophthalmic Goître has been claimed for at least four modern physicians; but the conjunction of two, if not three of its principal symptoms must have been familiar to the ancients. For, in the *Dictionnaire Etymologique* of Brachet, I find under Goître the following illustration of the fact that *guttar*, from which the word is derived, came to mean goitre as well as throat. 'Car on trouve son dérivé *gutturosus* dans Ulpian: "*Si quis naturâ gutturosus sit aut oculos eminentes habeat, sanus videtur.*"' Ulpian died A.D. 226, and if *sanus* refers to the mind a distinction from the goitre of cretinism would seem to be implied.

Heart, Fibroid	=	Chronic Myocarditis
Heberden's Disease	=	Angina Pectoris
Henoch's Disease	=	Gastro-arthritis Purpura
„ Electric Chorea	=	{ Paramyoclonus Multiplex, Myoclonia
Hirschfeld's Disease	=	Acute Diabetes
Hirschsprung's Disease	=	Idiopathic Dilatation of Colon
Hodara's Disease	=	Trichorrhæxis nodosa
Hodgkin's Disease	=	Lymphadenoma (U.)
Hodgson's Disease	=	Dilatation of Aortic Arch
Huntington's Chorea	=	Hereditary Adult Chorea
Ichthyosis	=	Xeroderma Ichthyoides
Infective Endocarditis	=	Malignant Endocarditis
Jaksch's Anæmia	=	Pseudo-leukæmia Infantum
Janet's Disease	=	Psychasthenia
Kahler's Disease	=	Multiple Myeloma
Kaposi's Disease	=	Xeroderma Pigmentosum
Klumpke's Paralysis	=	{ Inferior Brachial Plexus Paralysis
Kopp's Thymic Asthma	=	Laryngismus Stridulus
Korsakoff's Syndrome	=	Psychosis Polyneuritica
Kümmel's Disease	=	Traumatic Spondylitis
Kussmaul's Disease	=	Periarthritis Nodosa
Landouzy-Déjérine Paralysis	=	{ Facio-Scapulo-Humeral Atrophy
Landry's Paralysis	=	Acute Ascending Paralysis
Laryngismus Stridulus	=	Spasmodic Croup
Legal's Disease	=	Nasopharyngeal Headache
Leontiasis Ossea	=	Megalocephaly
Leptomeningitis	=	Arachnoiditis
Lithæmia (Murchison)	=	Uricæmia (Flint) That appalling Anglo-Greek hybrid, uricacidæmia, is un- worthy of a learned profession and should be dropped
Little's Disease	=	Spastic Cerebral Paraplegia
Lobstein's Cancer	=	Retroperitonæal Sarcoma
Maidismus	=	Pellagra
Malassez's Disease	=	Cystic Disease of Testis
Marie's Disease	=	Pulmonary Osteo-arthropathy
„ „	=	{ (also) Hereditary Cerebellar Ataxia

Measles	=	Morbilli
Menière's Disease	=	Labyrinthine Hæmorrhage
Meyer's Disease	= {	Hypertrophy of Pharyngeal Tonsil
Miculicz' Disease	=	Symmetrical Lymphoma
Miliaria Rubra	=	Prickly Heat
Millar's Disease	=	Laryngismus Stridulus
Milroy's Disease	= {	Hereditary Œdema Meige's Disease
Moebius' Disease	= {	Recurrent Third Nerve Para- lysis
Morphea	= {	Circumscribed Sclerodermia Keloid of Addison
Morton's Disease	=	Metatarsalgia
Morvan's Disease	=	Syringomyelia <i>plus</i> Whitlows
Mumps	=	Parotitis
Myasthenia Gravis	=	Asthenic Bulbar Paralysis
Myelæmia	=	Splenomedullary Leukæmia
Neumann's Disease	=	Pemphigus Vegetans
Neurasthenia	= {	Spinal Irritation 'Railway Spine'
Oppenheim's Disease	=	Amyotonia Congenita
Osler's Disease	=	Splenomegalic Polycythæmia
Osteo-Arthritis	=	Arthritis, Osteophytic
Osteomalacia	=	Mollities Ossium
Osteopsathyrosis	=	Fragilitas Ossium
Paget's Disease	=	Osteitis Deformans
Parkinson's Disease	=	Paralysis Agitans
Paris' Disease	=	Acrodynia
Pavor Nocturnus	=	Night Terrors
Paranoia	= {	Delusional Insanity or Mono- mania
Pavy's Disease	=	Cyclic Albuminuria
Pick's Disease	=	Pseudo-cirrhosis Pericarditica
Potain's Syndrome	= {	Gastrectasis with Dilated Right Ventricle
Pott's Disease	=	Angular Curvature
Pneumonoconiosis	=	Fibroid Lung (from dust)
Prickly Heat	=	Lichen Tropicus
Primary Spastic Paraplegia	= {	Spasmodic Spinal Paralysis Primary Lateral Sclerosis

Pseudo-bulbar Paralysis	=	' Bilateral ' Hemiplegia
Psilosis	=	Sprue
Quincke's Disease	=	Angio-neurotic Œdema
„ Meningitis	=	Ventricular Hydrocephalus
Raynaud's Disease	=	Symmetrical Gangrene
Recklinghausen's Disease	=	Pigmentary Fibromatosis
Réclus' Disease	=	Cystic Disease of Mamma
Reichmann's Disease	=	Gastro-Succorrhœa
Rigg's Disease	=	{ Pyorrhœa Alveolaris
		{ Fauchard's Disease
Ritter's Disease	=	{ Dermatitis Exfoliativa Neo-
		{ natorum
Rivalta's Disease	=	Actinomycosis
Rötheln	=	{ Rubella or German Measles
		{ Rose Rash
Rokitansky's Disease	=	{ Acute Yellow Atrophy of the
		{ Liver
Romberg's Disease	=	Progressive Facial Paralysis
Roth's Disease	=	Meralgia Paræsthetica
Rummo's Disease	=	Cardioptosis
Sach's (or Tay-Sach's) Disease	=	Amaurotic Family Idiocy
St. Anthony's Fire	=	Erysipelas
Savill's Disease	=	Epidemic Eczema
Schönlein's Disease	=	Peliosis Rheumatica
Schlatter's Disease	=	{ Inflammation of Tibial
		{ Tuberosity
Shingles	=	Herpes Zoster
Siderosis	=	{ Pneumonoconiosis (from iron
		{ dust)
Spasmus nutans	=	Gyrospasm, Nodding Spasm
Spinal Apoplexy	=	Hæmatomyelia
„ Irritation	=	Neurasthenia
Splenic Anæmia (vague)	=	Anæmia, Splenomegalic
Spondylose Rhizomélisque	=	{ Spondylitis Deformans, Pro-
		{ gressive
Status Thymicus	=	Status Lymphaticus
Still's Disease	=	Arthritis, Splenomegalic
Strachan's Disease	=	Multiple Neuritis
Strümpel-Marie's Disease	=	{ Spondylose Rhizomelique
		{ (painless form)
Syringomyelia	=	Hydrorrhachis Interna

Thomsen's Disease	=	Myotonia Congenita
Tic Convulsif	=	Habit Spasm
Tooth's Paralysis	=	Hereditary Peronæal Atrophy
Trousseau's Disease	=	Gastric Vertigo
Ulerythema Centrifugum	=	Lupus Erythematosus
Uncinariasis	=	Ankylostomiasis
Undulant Fever	=	Malta Fever
Unverricht's Disease	=	{ Familial Myotony
		{ Myoclonus Epilepticus
Vagabond's Disease	=	Patchy Phthiriasis
Vaquez's Disease	=	{ Osler's Disease
		{ Geisbock's Disease
Vincent's Angina	=	{ Membranous Pharyngitis
		{ (with Bacillus Fusiformis)
Weil's Disease	=	Acute Infective Jaundice
Weir-Mitchell's Disease	=	Erythromelalgia
Werdning-Hofmann Atrophy	=	{ Progressive Muscular Atrophy
		{ of Infants
Werlhof's Disease	=	Acute Purpura Hæmorrhagica
White's Disease	=	Keratosi Follicularis
Winkel's Disease	=	Infantile Hæmoglobinuria
Woillez' Disease	=	{ Acute Idiopathic Pulmonary
		{ Congestion
Woolsorters' Disease	=	Pulmonary Anthrax
Xanthoma	=	Vitiligoidea
Xeroderma	=	Keratosi Pilaris
Zona	=	Herpes Zoster

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